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WELFARE in REVIEW

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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In This Issue:

	Page
Education and AFDC	1
State Action on the Child Welfare Provisions of the 1962 Amendments	15
Notes:	
Home Visits in School Dropout Programs	28
Book note: "The Poor Pay More"	29
Program and Operating Statistics	30

Education and AFDC

TWO MAJOR QUESTIONS are asked with regard to the interrelationships between education and the State public assistance programs of aid to families with dependent children (AFDC): (1) How do past levels of education relate to assistance being received at the present time? In other words, how much education was received by the adult recipients, nearly all of whom have, presumably, already completed their formal educations? (2) To what extent are the child recipients of public assistance being educated? Considerable information on these two questions is available in the findings of the recipient survey conducted in November and December 1961 and in related data from the 1960 Census of Population.

The Mothers

The extent and character of the education of AFDC mothers would seem to be of special importance, since in most AFDC families she is the sole adult and therefore the head of the household, the sole breadwinner, the sole caretaker of the children, and their only adult guide, adviser, and comforter. The survey showed that the mother was living in the home in 90 percent of all families. (In the remaining 10 percent the mother was either dead, had deserted the children, was in an institution, or was absent for another reason.) How much formal schooling has the AFDC mother had to help prepare her for her heavy responsibilities?

As a group, and by current standards, the AFDC mothers are very poorly educated. Of the mothers for whom schooling was reported 1/ in the 1961 survey, 14 percent of all AFDC mothers living in the home have fewer than 5 years of schooling; 34 percent, fewer than 8 years; and fully 53 percent have completed no more than eight grades (table 1). Only 16 percent of the AFDC mothers have graduated from high school, and only about 2 in every 1,000 have completed college.

In order to place these data in the proper perspective, educational attainments of AFDC mothers were compared with those of all women in the general population 20 to 54 years of age, according to the 1960 census. (This is a fair, rough comparison, since about 93 percent of the AFDC mothers were found to be between 20 and 54 years old, with about 3½ percent below 20 and a like proportion over 54.) Of all women aged 20 to 54

By Robert H. Mugge, Division of Program Statistics and Analysis, Bureau of Family Services. Based on a speech delivered at the Annual Meeting of the Governmental Research Association, New Orleans, La., on September 16, 1963.

1/ For almost 15 percent of the mothers living in the home, years of school completed was reported as "unknown." These cases are omitted from the distribution.

Table 1. Percentage distribution of all women aged 20-54 in the United States, April 1960, and of mothers in the home in AFDC families, late 1961, by years of schooling completed

Years of schooling completed	Women aged 20-54 in the general population 1/	Mothers in the home in AFDC families 2/
Total number	39,990,513	773,000
Total percent	100.0	100.0
Elementary school:		
None or less than 5 years	3.5	13.7
5-7 years	9.0	20.6
8 years	11.9	18.9
High school:		
1-3 years	22.2	30.8
4 years	36.0	14.1
College:		
1-3 years	10.8	1.7
4 years or more	6.4	.2
Median years completed	12.1	8.8

1/ Source: United States Census of Population, 1960 P.C. (1), ID, U.S.
2/ Excludes Guam, Puerto Rico, and the Virgin Islands; unknown cases are distributed.

only 4 percent have completed less than 5 grades, as compared with 14 percent of AFDC mothers; only 24 percent have completed less than 9 years of school, as compared with over half of the AFDC mothers; 53 percent have completed high school, as compared with only 16 percent of the AFDC mothers; and 6.4 percent have graduated from college, as compared with a tiny fraction of the AFDC mothers. If it is said that any adult without a high school diploma is educationally disadvantaged, then this description applies to 84 percent of all AFDC mothers but only 47 percent of all women aged 20 to 54.

The relative incidence of assistance among women with different degrees of educational attainment may, then, be estimated from these same data: Of all women aged 20-54 in the population having less than 5 years of schooling, 1 in 13 is the mother in an assistance family; of those who completed 8 grades of school but went no further, 1 in 33 is receiving AFDC; and of those who completed high school but no college, 1 in 132. Of all women aged 20-54 who are college graduates, only about 1 in 1,660 receives AFDC.

Clearly, a high inverse correlation exists among women between educational attainment and receipt of AFDC. The woman with fewer than 5 years of schooling is more than 10 times as likely as the high school graduate and more than 100 times as likely as the college graduate to be a recipient of AFDC.

There is no simple cause and effect relationship here. After all, the data would also indicate that 12 of every 13 women with less than 5 years of schooling were not receiving AFDC. But it should be noted in relation to this observation that (1) some of these women do not have children under 18, and (2) there is a high rate of turnover in AFDC, and many women not receiving AFDC currently will receive it in the future or have received it in the past. Thus, if the question is asked, what proportion of all mothers with less than 5 years of schooling will ever receive or have ever received AFDC, the proportion would certainly be much higher than 1 in 13.

However, there is a much lower turnover rate in the program among AFDC mothers with less education than among those with more. The 1961 survey found that the median length of time since the case was opened or last reopened was 24.8 months; for cases with the mother in the home the median was 24.1 months. Those cases in which the mother had fewer than 5 years of schooling had received assistance for a median of 37.3 months; for those in which the mother had 5 to 7 years of schooling the median was 32.7 months; for those in which the mother had completed eight grades but no more, the median was 25.2 months; for those families in which the mother had completed from 1 to 3 years of high school the median was 19.7 months; and families with a mother who had graduated from high school had received assistance for a median of only 18.6 months. Thus, the group of families with the most poorly educated mothers had received AFDC twice as long, on the average, as the group with mothers having the most education, and it is clearly implied by the data that the prognosis for an early return to self-support increases markedly for AFDC families as the mother's education increases.

Nevertheless, it is true that many persons with limited education do not receive AFDC, and some with considerable education do receive it. Thus, other factors and combinations of factors bring about or help to bring about the need for financial aid through public assistance--factors such as economic circumstances and the availability of jobs in the community, cultural patterns and the prevalence of stable families, fertility rates, personality factors and ability to attract and hold a spouse, the existence of relatives and friends able and willing to help when the family is in financial trouble, awareness of the availability of public assistance and willingness to accept it, health conditions and mortality rates among parents of children, and the availability of social work services. It seems obvious that each of these factors and undoubtedly others, too, probably are related to the recipient rate in AFDC.

While there is no simple cause and effect relationship between poor education and high recipient rates, it seems likely that the lack of education lessens the mother's ability to compete for the jobs which would enable her to support her children without outside help. Perhaps, too, the mother with a poor education would also tend to have less ability to hold a family together or to adjust to changed family circumstances. But the "cause" and "effect" may be reversed, that is, inadequate public assistance can lead to poor education: it appears

likely that, in many cases, inadequate assistance may have caused the recipient to drop out of school prematurely. Data presented later in this article on children currently being assisted suggest that this is still happening.

There are also other variables frequently involved in the relationship between educational achievement and welfare needs. The lack of education may itself result, directly or indirectly, from the same circumstances which have led, directly or indirectly, to the need for assistance. Thus, a person's mental or physical incapacity may have formerly discouraged long school attendance, and the same condition now places him in marginal economic circumstances. Or a family may have suffered many years from both economic and cultural deprivation, a situation which has led both to limitations in education and to recurrent needs for public assistance. And for many public assistance cases there is a whole configuration of personal and social problems of which poor education is only one, although doubtless a very important one. The individual recipient is often caught in a vicious circle involving poor education; low earnings; inadequate clothing, housing, and diet; socially disapproved behavior; community rejection and antipathy; and inadequacy of public assistance and other community programs. Among such persons, all these problems feed upon and reinforce each other. It becomes futile, then, to try to argue that one or the other is the basic cause of all the problems. Rather, they are all closely interrelated problems, and whenever one acts to solve one problem he cuts the vicious circle and begins to solve the other problems as well.

The 1961 survey also included, where such information was known, the current or usual occupation of AFDC mothers in the home. The findings are entirely consistent with those on the mothers' education: By and large, the mothers' occupational skills are greatly limited; the unskilled and low-paying occupations predominate. While nearly 14 percent of all employed women in the general population, according to the 1960 census, were classed as "professional, technical, and kindred workers," this category accounted for fewer than one percent of the AFDC mothers. While nearly three-fifths of all employed women were "white collar" workers, barely a tenth of the AFDC mothers were. Of all AFDC mothers with occupation reported, 26 percent were "service workers, except private household," 28 percent were "private household service workers," and 17 percent were "unskilled laborers"; of all employed women in 1960, only 14 percent were "service workers, except private household," 8 percent were "private household service workers," and less than 1 percent were "unskilled laborers." The data strongly suggest, then, that the AFDC mothers, their children, and society in general are unfavorably affected because the education of these women has been so inadequate.

Incapacitated and Unemployed Fathers

About one-fifth of all AFDC families in 1961 had incapacitated fathers. These fathers tended to be older than most fathers. While the median age for all heads of families with children under 18 was 38.6 years, the median age of incapacitated AFDC fathers was 47.4 years; 56 percent of the incapacitated fathers were 45 years and over. To a large

extent their incapacities were caused by chronic diseases usually associated with old age.

But most of these fathers would have been severely limited by their educational disabilities even if they had been in the peak of physical and mental health. Two-fifths had not finished five grades of school, and fully two-thirds had finished no more than seven grades (table 2). Only 17 percent had finished the ninth grade, and only 6 percent had graduated from high school. The median grade of school completed was only 6.0. By comparison the median years of schooling completed by all men in the population 25 years and over was 10.3. Nearly 40 percent in the general population had graduated from high school, as compared with 6 percent of incapacitated AFDC fathers.

Table 2. Percentage distribution of all men aged 25 and over in the United States, 1960, and of incapacitated and unemployed fathers in AFDC families, late 1961, by years of schooling completed

Years of schooling completed	Men aged 25 and over in the general population 1/	Fathers in AFDC families			
		Incapacitated		Unemployed	
		Total	With schooling reported	Total	With schooling reported
Total number.....	47,931,000	162,000	---	47,000	---
Total percent	100.0	100.0	100.0	100.0	100.0
Elementary school:					
Less than 5 years 2/	9.4	37.9	42.2	10.9	12.2
5-7 years.....	14.6	21.7	24.1	19.5	21.8
8 years.....	17.8	15.1	16.8	24.7	27.7
High school:					
1-3 years.....	18.7	9.7	10.8	26.1	29.2
4 years.....	21.2	4.1	4.6	7.0	7.8
College:					
1-3 years.....	8.6	1.1	1.3	.9	1.0
4 years or more....	9.7	.2	.3	.2	.3
Unknown.....	---	10.2	---	10.8	---
Median years completed	10.3	---	6.0	---	8.6

1/ Bureau of the Census, 1960 Census of the Population, Series P.C.(1)-1C.
2/ Includes those who never attended school.

Several possible explanations may be suggested for the great difference between the educational attainment of incapacitated AFDC fathers and of other men:

(1) Some men are incapacitated early in life, and their education is interrupted as a result. However, the indirect evidence available indicates that this situation probably accounts for few cases: (a) The high proportion of men with chronic diseases usually associated with

advanced age, and (b) the fact that only about one-tenth of the incapacitated fathers were said never to have held employment. The great majority had been employed within the 5-year period immediately preceding the survey.

(2) Persons with greater amounts of education are better equipped than others to avoid becoming physically incapacitated. They are in occupations which are less physically taxing and which they can continue to pursue despite some physical impairments. They generally receive better health care. They are more likely to carry insurance against become incapacitated and are therefore less likely to become dependent if they are incapacitated. They can generally be more quickly and easily rehabilitated after they have been incapacitated.

(3) Persons who are deprived economically and culturally, those who are in minority groups subject to discrimination, those living in underdeveloped communities, and others who are disadvantaged through inadequate support and care in childhood are likely to suffer from all these disadvantages in a variety of ways, including the circumstances of both poor education and poor health.

However, whether the poor health led to poor education, or vice versa for the AFDC fathers or whether both are the products of other factors, the shortage of education in this group clearly contributes to their continued dependency and makes especially difficult the task of rehabilitation.

Families with unemployed fathers, first brought into AFDC in May 1961, accounted for 5 percent of all AFDC families in December 1961 and for about 5½ percent today. Only 14 States included such cases in their programs in late 1961, and only 15 do so today. Moreover, in several of these States only a relatively small number of such cases were being assisted. In the 1961 survey, 5 States accounted for 93 percent of all unemployed-parent cases reported. These States, in descending order by number of cases included, were Pennsylvania, New York, West Virginia, Illinois, and Washington.

In contrast with the incapacitated fathers, the unemployed fathers tend to be relatively young. While, as noted above, the median age of all heads of families with children under 18 was 38.6 years in 1961, the median age of the unemployed AFDC fathers was 34.7 years. Nearly a third of them were under 30.

On the basis of their relative youth, it might be expected that educational attainment would be fairly high for the unemployed fathers. For many years now, each succeeding American generation has been receiving more education that the preceding one. One would also expect a relatively higher education among the unemployed fathers because a high proportion are in States with relatively high levels of school completion. And it is indeed found that educational attainment is considerably higher among the unemployed fathers than among the incapacitated fathers (table 2). But their attainment is still much lower than general educational levels in the population. Median years of school completed by the

unemployed fathers was 8.6, as compared with 10.3 years for all men 25 years of age and over--a considerably older group. One-third of the unemployed fathers had completed less than 8 years of school, over three-fifths had completed no more than 8 years, and only 9 percent had graduated from high school.

These figures support the finding of the Department of Labor that current unemployment problems are largely concentrated among those with limited education. They also point up the great need for including basic educational emphasis in vocational retraining programs.

As with the mothers, the occupations of AFDC fathers reflect their educational limitations. The 1961 survey sought the "usual occupational class" of all AFDC fathers, including the dead and absent. The item was reported as "unknown" in 22 percent of the cases, and 3 percent were reported never to have had full-time employment.

Fully one-third of the AFDC fathers were reported to be or to have been unskilled laborers, compared with 7 percent of all employed men according to the 1960 census. Six percent of both groups were service workers. Twelve percent of the AFDC fathers and 8 percent of all employed males were farm workers. Only 20 percent of the AFDC fathers were operatives, craftsmen, foremen and kindred workers, as compared with 39 percent of all employed men. Only 3 percent of the AFDC fathers were reported to be white collar workers of all kinds, as compared with 35 percent of all employed men.

The Children

So much for the impact now being felt in the AFDC programs because of the inadequacy of past education. What is being done currently, through the help of AFDC, to remove the barrier of poor education for the coming generation? In other words, how are the children now in AFDC faring in terms of education?

In the main, the information received on the current education of child recipients is encouraging. State reports indicate that of child recipients aged 6-17 (excluding the 6- and 7-year-olds who were too young to attend school at the beginning of the term and also those children for whom school attendance was not reported), 96.3 percent were attending school. But this attendance varied with age; of the children 8 through 13, over 99 percent were said to be attending. At the higher ages attendance dropped off:

Age in years	Percent attending school
14.....	97.6
15.....	96.3
16.....	91.9
17.....	82.2

The last two percentages would be still lower, were it not for the fact that a number of States deny assistance under AFDC to children 16 and 17

years of age who are not attending school.

Of all children of school age, 3.7 percent were not attending school. The States reported that 0.5 percent were not attending school because of physical incapacity, 0.6 percent were not attending because of mental incapacity, and 2.7 percent--about 47,000 children--were not attending for other reasons.

The "other reasons" for which 2.7 percent of the school-age AFDC children were not attending school are not known. However, it was found that over half of the children so reported were in Puerto Rico, where 19 percent of the school-age children receiving AFDC were not attending school "for other reasons." Among the 48 reporting States 1/ and the District of Columbia, about 1.3 percent--or 21,000--of the school-age children were failing to attend school for reasons other than physical or mental incapacity. For these 49 jurisdictions the problem was concentrated almost entirely in the teenage group, and among them it increased with age. Among the children aged 8 to 12 only 0.1 percent were so reported. For older children the proportion became significant:

Age in years	Percent of children not attending school for reasons other than physical or mental incapacity
13	0.2
14	.6
15	2.2
16	5.7
17	13.9

Among 17-year-old recipients more than one of every eight was failing to attend school "for other reasons." Eleven percent of these 17-year-old children not in school had already graduated from high school, but the other 89 percent had not. Eighty-two percent of these 17-year-olds had completed fewer than 11 grades at school; 62 percent, fewer than 10 grades, and 40 percent, fewer than 9 grades .

Another indirect measure of the adequacy of education being received by AFDC children is available in the data on grade placement, by age, of the children in school. In terms of overall averages, the AFDC children compare favorably with the total population. Median grade placements, by age, for the AFDC children in late 1961 and for the total number of children in the United States in April 1960 were as follows:

1/ Reports not received from Massachusetts and Oregon.

Age in years	Median grade placement: Total children	AFDC children
6.....	1.4	1.5
7.....	2.2	2.3
8.....	3.2	3.1
9.....	4.1	4.0
10.....	5.1	4.9
11.....	6.1	5.8
12.....	7.1	6.7
13.....	8.1	7.7
14.....	9.1	8.7
15.....	10.1	9.6
16.....	11.1	10.5
17.....	12.1	11.4

In the first four school ages the median school grade was about the same for AFDC children as for all children, but for older ages it dropped steadily back to a peak difference of 0.7 of a grade for 17-year-olds.

The relative measures of school grade retardation of AFDC children and of all children, however, bring more striking differences. For purposes of this analysis it is assumed that 8-year-olds not yet in the 2nd grade are retarded in school achievement, as are 9-year-olds below the third grade, 10-year-olds below the fourth grade, 11-year-olds below the fifth grade, etc. On this basis, our findings were that the following proportions of the children were behind in their school attainment:

Age in years	Percent retarded in school: Total children	AFDC children
8.....	4.0	6.0
9.....	6.5	11.4
10.....	8.2	16.8
11.....	9.2	20.0
12.....	10.6	22.9
13.....	11.7	23.6
14.....	13.9	25.2
15.....	15.2	31.6
16.....	15.0	34.6
17.....	14.9	35.7

Thus, there is a steady increase with age in the group which is retarded in school achievement, to the point that over one-third of the 16- and 17-year-olds in school fall into this classification. At most ages above 9 years the proportion of the AFDC children retarded in school is somewhat more than twice that for the given age group in the total population according to the 1960 census; this despite the fact that the census, having been taken in the spring of the year, would tend to show more school retardation than a study done in the late fall, as was this AFDC study, other things being equal.

In a similar manner the relative degrees of school advancement of AFDC children were investigated. For this purpose it was assumed that children were advanced in school if they were 8 years old and above the third grade, 9 years old and above the fourth grade, 10 years old and above the fifth grade, etc. By this definition the following proportions of children were advanced in school:

Age in years	Percent advanced in school: Total children	AFDC children
8	4.4	4.2
9	3.8	3.5
10	4.3	3.7
11	4.6	3.9
12	5.1	3.7
13	4.8	4.4
14	6.1	3.9
15	5.6	3.6
16	5.2	2.7
17	2.6	.2

It is encouraging to note that, although their proportion is somewhat smaller than in the general population, a sizable group of AFDC recipient children--despite all their handicaps--are advanced beyond the expected grade in school.

Another source of great encouragement is the educational attainment of the AFDC children as compared with that of their parents. A fully satisfactory comparison is not possible since the ultimate educational attainment of the child recipients can not be known until after they have all reached adulthood and completed their schooling. However, from the school progress of the 17-year-olds alone it can be determined how well these oldest of child recipients have done, at least so far, in comparison with the AFDC parents in the home--mothers, disabled fathers, and unemployed fathers. The 17-year-olds were distributed as follows in respect to the reported current grade of school for those attending school or highest grade of school completed for those not attending school. For 4.8 percent of the 17-year-olds the grade was reported as "unknown"; these children are omitted from the distribution.

Grade	Percent of 17-year-old recipients:
Total	100.0
Elementary school:	
Below 5	2.1
5	0.7
6	1.2
7	3.3
8	5.2

High school:	
1st year	11.3
2nd year	19.8
3rd year	32.9
4th year	23.3
College:	
1st year	0.2

There are great differences between this distribution and those of the AFDC mothers (table 1) and the incapacitated and unemployed AFDC fathers (table 2). The median of the distribution of 17-year-olds is 11.2 years of school, as compared with medians of 8.8 years for the AFDC mothers, 8.6 years for the unemployed fathers, and 6.0 years for the incapacitated fathers. We do not know what will be the final educational achievement of these teenage recipients; we do not even know what proportion will complete their current grade, to say nothing of how many additional grades they will complete. However, at the least the evidence clearly demonstrates that as a group these children have already gone much further in school than their parents.

Other indirect but pertinent information is available with regard to the education being obtained by children receiving AFDC: the age-specific AFDC recipient rates of the children. The overall AFDC recipient rate at the time of the 1961 survey (the number of child recipients per 1,000 children under 18 years of age in the population) was 40. The recipient rate varied considerably with age. The lowest rate is for children in their first year of life, among whom 23 per 1,000 receive AFDC. From that point the rate rises to a peak of 47 per 1,000 for 11-year-olds. At ages above 11 the rate drops off again to 46 for 12-year-olds, 44 for 13-year-olds, 41 for 14- and 15-year-olds, 38 for 16-year-olds, and then a big drop to 27 per 1,000 for 17-year-olds.

The pattern appears to be consistent with general knowledge of the programs. Few children enter them as newborn infants. The small child is less likely than the older child to be needy--for the simple reason that problems tend to be cumulative. The older the family, and hence the older the children, the more likely it is that the family will have been struck by death or disability of a parent or that the parents will have become estranged. Some disabled parents are cured or rehabilitated, and some estranged parents become reconciled and reunited. Not enough of these problems are solved, however, to prevent their continued accumulation and the growth, with the passage of time, in the number of broken and destitute families.

If this explains the increase in recipient rates up to age 11, why do recipient rates drop off at the higher ages? There is no reason to believe that families stop breaking up when the children pass the 12th birthday; on the contrary, a continued accumulation of problems and an increase in recipient rates would be expected up through age 17 unless other factors intervened. What these factors are is not precisely known, but it may be speculated that some of the older children go to work,

freeing the family from the need for assistance; older children are more likely to have siblings old enough to work to support the family; and some of the teenagers, especially girls, are getting married and leaving the home. The State that at the time of the 1961 survey provided no assistance to children above 14 years of age and the State that stopped assistance at age 16 also affected the rates for the upper ages.

However, even allowing for these factors, the drastic drops in the recipient rates, especially among the 16- and 17-year-olds, suggest that many of these older children may be dropping out of AFDC because they are dropping out of school and perhaps seeking employment prematurely.

From the survey data on school attendance and grade placement, by age, it is estimated that only about 12 percent of the 17-year-old child recipients would have graduated from high school before becoming 18 years of age and therefore no longer eligible for assistance. But considering also the decline in the age-specific recipient rates above age 11, indicating that many recipients drop out of the program before reaching their 17th birthday, the fact may be that well below 10 percent of all child recipients actually graduate from high school before becoming 18. (By contrast, it is estimated from 1960 census data that about 35 percent of all children in the United States currently graduate from high school before their 18th birthday.) In any event, it is clear that relatively few children are helped through the AFDC programs all the way to the educationally vital point of high school graduation.

Some General Implications

AFDC and educational attainment. In summary, the age-specific recipient rates and the data on school attendance and grade placement indicate that a great deal is being done under AFDC to help children receive elementary school educations. The recipient children tend to be concentrated in the elementary school ages, and at these ages the school attendance for AFDC children is shown to be very high. And school retention rates stay high enough at the older ages so that the children as a group eventually receive considerably more education than their parents. However, the increasing proportion of grade-retarded children, even at the lower grades, suggests that the AFDC children may not be receiving the help they need to keep up with their peers. And at the junior and senior high school levels much more apparently needs to be done to hold children in school, as indicated by the fact that the recipient rates and attendance levels rapidly drop off for the older children.

Needed information on reasons for nonattendance and retardation. While generalized data are available on the reported levels of school attendance, program dropout, and grade retardation among child recipients of AFDC, detailed information is lacking as to the reasons for nonattendance, dropout, and school failure among these children. Some grade retardation and nonattendance is probably due to mental retardation. However, it may be that some children who fail to attend school for reasons of physical or mental disability could in fact profit from

appropriate types of special classes not now available to them. There are also many other factors which, either separately or in combination, may explain the failure of children to remain and succeed in school, such as lack of motivation and encouragement in the family and community; inadequate diets, resulting in losses of learning ability; insufficient money for clothing, school materials, and fees; lack of space and facilities for study at home; shortage of sympathetic and competent teachers; and inadequate community services for enforcing school attendance laws, encouraging continued attendance after the age of compulsory school attendance, and providing an appropriate and appealing educational program for children in deprived circumstances. Intensive research is needed to determine the effects of each of these and other possible factors in limiting the education of the children.

Caseworker services. Most public welfare departments are forced to operate with small staffs and large caseloads. As a result, it is frequently impossible for caseworkers to make careful studies of conditions in the assistance families and to give them the casework time to help them solve their problems. The data on educational attainment of AFDC recipients strongly suggest that many recipient families badly need casework services which encourage and assist them to make full use of educational opportunities.

The 1962 Amendments to the Social Security Act recognized this need. In fact, one provision (Section 402,a:13) prescribes that a State plan for AFDC must "provide for the development and application of a program for such welfare and related services for each child who receives AFDC as may be necessary in the light of the particular home conditions and other needs of such child . . . with a view toward providing welfare and related services which will best promote the welfare of such child and his family."

In 1963 many local welfare and education agencies participated in a special effort to investigate and give services to children who had recently dropped out of school or were considered in danger of doing so. An attempt was made to determine the problems in individual cases leading to school dropout and to provide counsel to the families to help them meet their problems. As a result, many children were helped to return to school. Data on the educational status of AFDC recipients clearly imply that such services need to be continued, intensified, and extended to all parts of the country. (Under provisions of the 1962 amendment to the Social Security Act, the Federal Government will now pay 75 percent of the costs to State and local agencies of providing such services to actual or potential recipients of AFDC.)

Effect of assistance payments. In most States assistance allowances under AFDC are well below the amounts needed for basic living costs at even a minimum level of decency. Research is needed to determine the effects on educational attainment of these severe limitations on assistance payments. We need to know how much potential education may be lost because some AFDC children go to school hungry or ill-clothed or live in cold and overcrowded tenements. Experiments should be conducted to

determine how much educational attainment might or might not improve if the assistance payment were made large enough to provide, besides enough food, warm and respectable clothing, a decent place to live, and school supplies and fees to allow full school participation, some of the other things that the great majority of American children take for granted, such as radio, a telephone, television in the home, a newspaper and some magazines, membership in the Boy or Girl Scouts or other such character-building organizations in the community, church contributions, occasional outings to the movies or for skating or bowling, and the like. Are such items essential for the cultural and character development of the 20th century American child?

Assistance through high school. High school graduation is generally understood to represent the minimum of education necessary to prepare a young person for adult responsibilities. By 1960, according to the census, 64 percent of all persons in the United States in their early twenties had finished high school. It is generally believed that this percentage should continue to climb, to the point that the great majority of all our youth will be receiving at least a high school education. Yet, because under the law a child recipient of AFDC must be below 18 years of age, only a very small proportion of the children can continue to be recipients of assistance up to the point of graduation. Consideration should be given to the desirability of raising the age limit for AFDC child recipients in order to make it possible for more of them to graduate from high school and even to attend college or trade schools.

Role of the schools. The poorer school retention and progress record of the AFDC children compared with the total population also raises questions as to whether the public schools might do more to help the nation's neediest children to remain in school as long as they should and to gain the utmost from their schooling.

Educational rehabilitation. Finally, the data on the educational shortcomings of the AFDC parents as well as the older children imply a vital need on the part of the indigent population for educational rehabilitation. The data suggest the probability that a sizable group of the adult recipients are actually illiterate and that most others have too little in terms of basic education to perform adequately in the complex modern society. Limited education prevents many of them from obtaining employment; many cannot meet the minimum requirements for membership in the armed forces. Moreover, many lack the minimum skills necessary to function well as householders, homemakers, and the rearers of children. Thus, community efforts at manpower retraining which involve job training alone are inadequate to meet the needs of a large segment of this group; their primary needs are for the basic education which they missed in their childhood.

State Action on the Child Welfare Provisions of the 1962 Amendments

THE CHILD WELFARE PROVISIONS of the Public Welfare Amendments of 1962 constitute the single greatest advance in Federal child welfare legislation since the Social Security Act was originally passed in 1935. The provisions reinforce and extend the policies and practices that have guided the public child welfare program from its inception--and provide new dimensions for the continued development of these services in the States.

THE PROVISIONS

Definition of Child Welfare Services

For the first time a comprehensive, specific definition of child welfare services is included in the legislation. This definition reflects the broad administrative interpretation of Title V, Part 3, of the Social Security Act consistently followed since 1935 and recognizes the need for dealing with a wide range of social problems affecting children, with emphasis on prevention.

Extension of Child Welfare Services

The provision in the 1962 amendments that requires extension of child welfare services to all political subdivisions by July 1, 1975, for all children who need such services sets an overall goal as well as immediate and future goals for State and local public child welfare programs. These goals not only project child welfare services on a statewide basis but also take into account the need for professional services from trained child welfare personnel. Thus the amendments recognize that the purpose of Title V, Part 3, of the Social Security Act--"establishing, extending and strengthening" public child welfare services--can only be realized through progressive, continuing, and consistent expansion and growth.

Certain considerations are important in planning for the extension of child welfare services: (1) a clear identification of public child welfare services, (2) a broad range of services within the State's child welfare program, (3) the availability of child welfare services to all children who need them, and (4) the provision of services by trained child welfare personnel.

Development of Day Care Services

The funds earmarked for day care services by the 1962 amendments give impetus to the development of these services within the child welfare program. While the need for these services has greatly accelerated in recent years, their development, particularly under public auspices, has been negligible.

Prepared by the Children's Bureau.

The amendments provide that the excess above $25 million, up to a maximum of $10 million, of the annual appropriations for child welfare services shall be earmarked for day care services under the State child welfare services plan. Day care may be provided only in facilities (including private homes) which are licensed by the State or are approved as meeting established licensing standards by the State agency responsible for licensing facilities of this type.

The amendments required, effective July 1, 1963, with respect to day care services, that the State child welfare plan must provide for:

1. Cooperative arrangements with the State health authority and the State agency primarily responsible for State supervision of public schools in order to assure maximum use of such agencies in providing essential health services and education for children receiving day care;
2. An advisory committee to advise the State public welfare agency on the general policy involved in the provision of day care services. This committee is to include representatives of other State agencies concerned with day care or related services and of professional, civic, or other public or nonprofit private agencies, organizations, or groups concerned with the provision of day care;
3. Such safeguards as may be necessary to assure provision of day care under the plan only in cases in which it is in the best interest of the child and mother and it is determined, under criteria established by the States, that a need for such care exists, and, in the cases in which the family is able to pay part or all of the costs of such care, for payment of such fees in the light of the family's ability to pay;
4. Giving priority to children from families of low-income or other groups in the population and from geographical areas with greatest need for extension of day care.

Coordination with AFDC

States are deeply aware of the importance of coordinating child welfare services and services for families with dependent children. The provision in the 1962 amendments for coordinating these two programs recognizes the importance of the relationship between them and the contribution each can make to the other. The identical requirements in Title IV and Title V, Part 3, of the Social Security Act have as their major purpose the improvement of services to families and children.

Training in Child Welfare

The amendments added to grants for research and demonstration an authorization for grants to public or other nonprofit institutions of higher learning for special projects to train personnel for work in child welfare, including traineeships with such stipends and allowances as may be permitted by the Secretary of Health, Education, and Welfare.

STEPS TAKEN TO EXTEND SERVICES

State Legislation and Financing

All States report that their legal base is adequate for extending public child welfare services in the four dimensions spelled out in the 1962 Federal child welfare services amendments. Many States pointed out, however, that in some respects their laws needed to be strengthened. Some

States have obtained basic child welfare legislation or major revision of their statutes, including substantial funds with which to initiate child welfare services or to provide incentive or matching money when services are locally administered. States that recently made broad legislative gains that enabled them to take full advantage of the Federal provisions for extension of services include Illinois, Pennsylvania, New Jersey, Georgia, and Idaho.

Some States have adopted the 1962 Federal definition of child welfare services. At least one State held public hearings on the 1962 amendments and found the hearings helpful in passing its own greatly strengthened child welfare legislation.

A number of States in which services are administered locally have the difficult problem of extending child welfare services into their sparsely populated, poor counties where child population is small and the county finances are limited. This kind of situation may call for additional legislation permitting another kind of structure, such as was recently authorized in one State. In this State, for example, the new authorization permits the State to provide child welfare services in any county not taking steps to do so within a certain period. Other problems in States with local administration include lack of money with which to strengthen services.

A variety of patterns exists in the financial support of services by State and county, regardless of whether the program is State or locally administered. Reports coming from States show that a major study of child welfare financing would be of value in arriving at a philosophy and some suggested formulas for State and local participation since these are related both to fiscal capacity and to the kind of State-local organization for child welfare.

Geographic Coverage

About 1,800 of the 3,211 counties in the United States have the full-time service of a public child welfare worker. Others rely on the combined efforts of family services and child welfare consultants. Most States have some child welfare services in all subdivisions, although, in some instances, services are provided only on an emergency basis.

In States least adequately covered, service is usually provided by a worker primarily responsible for public assistance cases or by a county director with no casework staff. Such services are usually token or emergency services. They are most likely to be of service to a child in his own home or in placing a child in foster care when he is in situations that the community recognizes as dangerous.

Most States are moving ahead in coordinating their child welfare and family welfare services. A few States have integrated these two programs in a way that makes it difficult to establish the distinctions between them.

In the New England States and a few other States where organization for child welfare is on a district basis, States are planning to increase the number of districts. In some States, with local administration, the State is paying a greater part of the administrative and service costs when two or three small adjoining counties agree to share one child welfare worker.

One interim measure used by some States in their attempt to provide limited services until funds and staff are sufficient for total coverage is to have district child welfare supervisors handle emergencies or give token service in one or another specialized service, such as adoption, services to unmarried parents, or licensing of day care homes. In a few instances, special units at the State or district level initiate the service or develop resources until counties are able to assume responsibility for them.

Many States, because of staff limitations, are caught in a dilemma. They are faced with the difficult decision of whether to increase services in urban areas where they are now thinly spread or to extend services into rural counties totally without services. States are trying to deploy available funds and staff in the most effective way possible to extend services into all political subdivisions of the State and to have them available to all children who require services.

Range of Services

States vary widely both in the extent to which they are organized to provide the specialized services which make up the full complement of a public child welfare program and in their estimates of children not yet being reached by their services. This is due to a number of reasons. Among them are the State's history and traditions in serving children, including its philosophy of State-local responsibility and the part played by voluntary agencies; its economic situation and tax base; and the extent to which its citizens are involved in public policy issues. Variations among counties within States follow a similar pattern.

In the past, public child welfare services in the States have generally provided institutional foster care, foster family care, services to unmarried mothers and adoption, services to children in their own homes, and protective services. Most States see homemaker service, day care, and licensing as major priorities for extension.

Licensing of voluntary institutions for children, child-placing agencies, and maternity homes, and more recently, the licensing of day care facilities is well established as a public child welfare responsibility. But many exemptions and large gaps exist in the protections afforded children. By and large, correctional institutions are still operating outside the major structure of public child welfare services. Here and there, courts continue to provide some direct foster care services and some shelter care.

States are using common-sense approaches in assessing unmet need

and in deciding whether to initiate a new service or to extend an established one. They are sensitive to intake pressures, to high caseloads, and to the readiness of county departments to accept and integrate a new service. They take into consideration local population shifts and general child population increases in planning services.

Most States consider that they are serving from one-fourth to one-half the children currently known or estimated to be in need of service and they need two to four times the staff they now have even to meet current need, with acceptable caseload standards.

Improving the Quality of Service

Caseloads and supervisory loads. In an effort to improve quality of service, States are emphasizing increased numbers of staff, better training, and reduced caseloads. The condition of no more than 60 cases per worker and no more than 5 workers per supervisor, set by the Children's Bureau as a way of improving quality of service, has resulted in States requesting objective criteria, definitions, and, perhaps, some standardization of count. States have identified for the Bureau many other work responsibilities in administration, in planning, and in teaching which these staffs carry, all of which must be taken into account.

Both caseloads and supervisory loads have been generally too high in the States, with certain encouraging exceptions. Some States cannot provide the individualized attention that children and families need, including diagnostic evaluation at intake and periodic case review at 6-month intervals (another condition), until their caseloads are markedly reduced.

Some States, on the other hand, have already passed the benchmarks of no more than 60 cases per worker and 5 workers per supervisor. But for the rest, these benchmarks are to be reached by 1964 or a somewhat later time.

Staff development. States are working hard to intensify their total staff development effort and are moving toward a desirable level of professional training through a variety of staff development methods. For example, a number of States have added or are recruiting staff development personnel. Several patterns are unfolding.

States are adding one staff development person, one-third or one-half of whose time is to be spent in planning, coordinating, or conducting child welfare orientation or training sessions.

States that have had one full-time staff development person for public assistance and child welfare are now adding a second person to give full time to staff development in child welfare.

States are adding one or more full-time staff development positions to one or more already established in child welfare.

One of the most hopeful signs is that all States have a structure for a staff development program, including orientation, inservice training, and educational leave. Most States are moving ahead in their plans in all three areas, and all States in at least one area. All States now provide educational leave in an effort to upgrade their child welfare programs.

All States recognize their responsibility to prepare staff through paying for their attendance at schools of social work. Increasingly the plan is to have the staff on such leave for a 2-year sequence.

The number attending has shown a slight increase over the preceding year. Altogether, the number on educational leave is about 900 from a total of 9,000 staff members primarily engaged in public child welfare services. The total granted such leave must be increased steadily. In all too many States the number granted educational leave scarcely replaces the professionally trained staff resigning, retiring, and accepting promotions.

Few States at this point can envision all staff with full professional training by 1975, basing their estimate on the rate of growth in professional training in the past, as well as on plans to redouble their recruiting efforts, to raise salaries, and to study reasons for staff turnover and how to reduce it.

All States, however, are working hard to increase their ratio of trained to untrained staff.

DAY CARE SERVICES

Need Exceeds Funds Available

States are making herculean efforts to establish and expand their day care programs. They have budgeted funds for personnel to improve the licensing program, to give consultation to personnel of day care facilities, to work cooperatively with State advisory committee representatives of health, education, and other disciplines and for providing institutes, seminars, and short-term courses.

The first appropriation under the 1962 amendments earmarking child welfare services funds for day care services became available on May 17, 1963, when President Kennedy signed into law a Supplemental Appropriation Act providing $800,000 for day care services for the fiscal year ending June 30, 1963.

The response of the States was phenomenal. Thirty-one States moved rapidly to develop plans and had them approved for fiscal 1963. Some States, in addition to the funds initially allotted, asked for funds from the amounts released for reallotment from States unable quickly to develop plans or to use the full amount of their apportionments.

States with approved day care services plans for the fiscal year

1963 had budgets for these services totaling $978,221 in Federal funds of which $182,261 was from the basic grant for child welfare services. In addition, 5 of the 31 States (California, Illinois, Pennsylvania, Tennessee, and Wisconsin) showed funds from State sources totaling $91,302. So once again, Federal funds were proving to be "seed" money that encouraged States to advance this important program through the use of State funds.

The appropriation of $4 million for fiscal year 1964 became available on October 11, 1963, after 42 States had already developed their initial budgets for the year on the basis of an expected appropriation of $8 million requested in the President's budget.

As of November 30, 1963, 43 States had approved day care services plans. As originally approved the budgets for the 43 States totaled $6,484,915 in Federal funds for day care services. In addition, 7 of the 43 States (California, Delaware, Georgia, Illinois, Pennsylvania, Washington, and Wisconsin) showed in their budgets $1,055,009 from State sources for day care services.

The table shows the purposes for amounts in the fiscal 1963 and 1964 budgets for day care services.

States are currently in the process of reviewing their 1964 budgets, and many will be forced to reduce them in order to come within their apportionment from $4 million.

On the other hand, some States probably will be able to maintain their original level of services through funds from child welfare

Amounts budgeted for day care services, by purpose, fiscal years 1963 and 1964

Purpose	1963		1964	
	Total	Federal Share	Total	Federal Share
Personnel services	$411,348.79	$351,591.68	$3,277,535	$2,392,274
Professional education	1,600.00	1,600.00	76,562	76,562
Institutes, conferences, and short-term courses	21,037.00	21,037.00	218,736	218,736
Day care of children:				
a. In family day care home	8,160.00	8,160.00	1,179,610	1,179,610
b. In day care center:				
1. Operation	158,075.00	126,530.00	739,178	736,686
2. Purchase	96,945.00	96,945.00	1,538,311	1,372,756
Cooperative projects	286,927.00	286,927.00	341,322	341,322
Merit system costs	300.00	300.00	7,859	7,558
Advisory committees	3,775.00	3,775.00	50,035	50,035
Membership fees	621.00	621.00	2,079	2,079
Supplies, equipment, and communication	79,885.50	79,885.50	94,339	94,339
Occupancy and maintenance of space	850.00	850.00	14,358	13,958
Total	$1,069,524.29	$978,222.18	$7,539,924	$6,484,915

services grants or through funds to be reallotted from those released by States unable at this time to develop a day care services plan or to use the full amount of the initial allotment. Funds will be reallotted about February 1, 1964.

Licensing Day Care Facilities

Of the 43 States with approved day care services plans, 42 have legal authority for licensing day care facilities. Of these 42 States, 41 have authority for licensing day care centers, and 37 have authority for licensing family day care homes. In most of the States, the State welfare agency is responsible for licensing day care facilities.

The following tabulation shows the agency responsible for licensing, by type of day care facility:

Agency for licensing	Number of States with authority to license day care centers	Number of States with authority to license family day care homes
Total	41	37
Welfare	35	35
Health	5	2
Education	1	0

Only 34 of the 43 States reported in their plans as of November 30, 1963, that statewide standards had been developed for day care facilities. In some States, such standards apply only to one type of day care--either family day care homes or day care centers. But the hopeful note is that States recognize that statewide standards, reasonably in accord with the standards of national standard-setting agencies, are required by July 1, 1964, and are moving forward to attain them. States without such standards are in the process of developing them. Others are reviewing their standards to determine how they should be improved.

The adequacy of authority for licensing day care facilities cannot be fully assessed at this time. Some obvious gaps do appear: Five States (Connecticut, Maryland, New Jersey, New Mexico, and Wisconsin) have authority only for licensing either day care centers or family day care homes, not both. One State (Maine) has no authority to license. Other inadequacies include the limitation of the authority for licensing by the welfare agency in one State (Florida) to only three urban counties. In this State the local health departments have licensing authority in 12 additional counties. Such authority is apparently lacking in the other 52 counties. In at least two other States (Maryland and New York) the local health departments in certain localities are responsible for licensing day care facilities. State laws vary widely in such matters as the number of children cared for in a day care facility that must be licensed and the ages of such children.

Fourteen of the 34 States with statewide standards believed that their standards were in reasonable accord with those recommended by the

Child Welfare League of America, 5 reported they were not, and 15 did not report this information.

States reported on their plans that over 21,000 day care facilities were licensed, the number varying from none in Maine and South Dakota to 1,400 day care centers and 6,800 family day care homes in California.

Cooperative Planning

State welfare agencies reported that cooperative planning with other State agencies was going forward steadily and would be stepped up as day care services developed. They were cooperating closely with the State health agency in such areas as the development of health standards for day care facilities, consultation and leadership on aspects of health care and protection of children in day care, interpretation of day care services to local health agencies, and participation in inservice training of day care staff.

State welfare agencies were also cooperating with the State educational agency in the development of educational standards for day care, consultation on and developing of materials relating to the educational aspects of the program, and interpreting day care to educators. Cooperative planning was underway with other agencies such as departments of public safety and housing authorities.

State plans clearly testified to the importance of effective cooperation among health, education, and other agencies and professional services involved in providing a well-rounded day care program in States and communities. This was the sure and certain road to improving the quality of services provided children.

State Advisory Committees

By late 1963, State welfare agencies had either established or were well underway in their planning for the State advisory committees on day care. These committees were being used in factfinding, review of policies and standards, exchange of information, promoting citizen interest, evaluating programs, and determining priorities in program development.

However, cooperative planning, despite all this activity, remained the new frontier in day care. States were agreed that more attention must be given to methods of community planning and the employment of staff who are equipped and who have time available to work with advisory committees, community groups, and individuals in interpreting day care services, using available resources, and developing facilities and services related to unmet needs.

Criteria of Need for Day Care

Twenty of the 43 States with approved day care services plans have developed criteria for determining the need of each child for care and protection through day care services. Other States are in the process of developing such criteria.

As was to be expected these criteria vary a great deal. Twelve of the 20 States provide for considering (1) the parents' need for supplementary help in providing supervision of their children; (2) the child's capacity to benefit from family or group day care; and (3) the determination of the type of care that best meets the need of the individual child. Other States include in their criteria one or more of these considerations.

Twenty-eight of the 43 States with approved day care services plans specify casework services as an essential means to assuring that day care is in the best interest of the child and his family.

Determining ability of families to pay. Twenty-four of the 43 States with approved day care services plans have established objective methods for determining the ability of families to pay part or all of the cost for day care. But, here, once again, true to the American pattern, States vary in the base they use for this determination.

Fourteen States specified that a sliding scale of fees was being set. The method reported by 18 States is based on the family budget. One of these States (Florida) reported that budgeting standards in effect for aid to families with dependent children were used to measure the family budget in the day care program.

Giving priority to special needs. Many States have recognized the special needs of certain children for day care. The majority, 26 of the 43 States, give priority to children from low-income groups. Three of these States (Florida, Minnesota, and North Carolina) specify migrant families and two (Florida and Mississippi) specify families receiving aid to families with dependent children and other families from the agency caseload. One State (Mississippi) specifies priority to children of one-parent families where the parent is employed; and one State (North Carolina) specifies mentally retarded children.

Eighteen States are giving priority to geographical areas with special need. Two of these States (New York and Texas) specify that local situations are to be considered, such as cases carried by local child welfare staff and the availability of personnel to provide casework services.

Gaps in Day Care Services

All State agencies saw some special unmet needs and gaps in day care services that were of great concern to them.

More States in their reporting have recognized gaps in services for children in low-income groups. Fifteen States specifically named the low-income group; 13 specified children of migrants; and 5 specified children in families receiving aid to families with dependent children where the mothers were attending classes to train for employment. Other States recognized the need for resources for other special groups of children such as Negro, Indian, and Spanish-speaking children and mentally retarded, physically handicapped, and emotionally disturbed children.

Some States point out in their plans the need for day care for special age groups. For example, five States noted the day care needs of school-age children and three, of "young" children, or children under 2 years of age.

Type of facilities. Almost half the States (19) indicate that they expect to develop both group and family day care services; 9 States, family day care services only; 4, group day care facilities. In New York State, family day care is being given major attention because it is virtually nonexistent.

Personnel. About half the States require additional staff for licensing and consultation and also for providing social services for children receiving day care services. Some States noted the need for staff for day care centers, including teachers and directors, a child development consultant, and, in general, additional personnel "at all levels."

Training of personnel. Some States specified the special need of training in day care services for supervisors and for staff initiating such services; some noted the lack of teaching materials on day care services to be used in training of staff. In some States, training institutes or workshops are being provided for directors, teachers, and other staff of day care centers.

Quality of day care. More than half the States (25) see improved quality of day care as a major need. Some regard the need for new legislation to strengthen the authority for licensing day care facilities as a major problem. Others pointed out the need to develop improved standards for operation of day care facilities.

Research. Many States recognized the importance of special studies to determine the most pressing day care needs and their extent; others the need for research on aspects of day care such as costs; one State (Oklahoma) for some pilot demonstration day care facilities.

Public understanding of the need for services. Almost half of the States have reported that the general public seemed unaware of the need for and lacked understanding of the importance of day care to the well-being of many children. A broad program of interpretation was deemed essential to overcome public apathy and to gain public support.

COORDINATION WITH AFDC

Many of these developments are leading States to closer coordination of child welfare services and aid to families with dependent children which is such an essential part of the implementation of the 1962 Amendments, although little specific information is as yet available on the methods used and the extent to which close coordination has been achieved. But State agencies were required to submit plan material regarding this coordination by December 31, 1963, from which time the pattern will be

clearer. The importance of coordination is clearly recognized and guides for achieving it are being developed by the Bureau of Family Services and the Children's Bureau.

TRAINING GRANTS

The program of Federal grants to institutions of higher learning to train personnel for work in the field of child welfare holds great promise for strengthening and extending these services. The overall purpose of these grants is to provide a pool of trained child welfare personnel by expanding and strengthening educational resources essential for training a greater number of such persons.

Institutions of higher learning are defined as public or nonprofit accredited schools of social work or other public or nonprofit accredited educational institutions providing training in those professions that will prepare students for work in child welfare.

Policies developed by the Children's Bureau include teaching grants for the payment of salaries and other costs for classroom and field instructors; traineeships for students interested in graduate study in child welfare leading to the master's degree and for third-year or doctoral students; and grants to support short-term training activities.

At the present time, priority is given to teaching grants in order to enable institutions of higher learning to expand and strengthen educational resources for classroom and field instructors.

For the purposes of administering these grants, the field of child welfare is defined as including those social services provided by organized social agencies whose primary function is dealing with the social and emotional problems of children and youth and those circumstances contributing to these difficuties, the alleviation, solution, or prevention of which can be most appropriately achieved through social work methods of casework, group work, and community organization.

Schools of social work are eligible to apply for all three types of grants. Other institutions of higher learning may apply for traineeships and support for short-term training activities. In awarding traineeships to students preparing for the master's degree in social work, the educational institutions are to give preference to persons new to the field of social work. Employees of public or voluntary child welfare agencies are eligible for awards for third year of graduate study or study leading to the doctoral degree.

Although a supplemental appropriation of $200,000 was received for fiscal 1963, the appropriation act itself was not passed until April. Despite the short time in which to submit application, 42 out of the 57 accredited schools of social work applied for grants. The requests came to $968,514. Awards were made to 7 schools for field instructors; 44 traineeships were granted to 37 schools; and 3 schools were awarded

grants for support of 4 short-term training courses.

The seven field instruction units made possible by child welfare training grants were established in public child welfare agencies. This program increases opportunities for more and continued cooperative effort between institutions of higher learning and State and local public and voluntary child welfare agencies through such activities as additional field instruction units, short-term training courses, staff development, and inservice training.

The appropriation for this program for fiscal year 1964 is $1,750,000. The deadline date for submitting applications was October 31, 1963. Fifty-five applications were received. An advisory group to review applications and make recommendations to the chief of the Children's Bureau will meet in February 1964.

REGIONAL MEETINGS

In order to provide an opportunity for State public welfare staff, Children's Bureau staff, and the Commissioner of Welfare to consider together the 1962 Amendments relating to child welfare services, four regional meetings have been held, two in November and two in January. The State public welfare commissioner, child welfare director, and director of day care services were invited to these meetings. Discussion focused on the extension of child welfare services, day care services, and the training grants in the field of child welfare.

The enthusiasm and interest of the States in regard to possibilities of moving ahead in child welfare services came out clearly at all regional meetings. These meetings not only provided the staff of the Children's Bureau with an opportunity to clarify and interpret for State staff the new amendments and the policies that followed, but also gave both groups a chance to look at the issues ahead in extending and strengthening services.

States told with enthusiasm about new services they were providing, new demonstrations they were setting up, and new cooperative projects they were developing with voluntary agencies.

This exchange of information proved invaluable and inspiring for both staffs. One State director said, "Because of the pressure of work I am often tired and discouraged at night but I wake up the next morning with a sense of excitement in the challenge which we now have." Another director said at the close of one regional meeting, "This meeting has been so helpful; it makes me feel I want to get up tomorrow morning and start doing new things."

* * *

What is the meaning of these 1962 Amendments relating to child welfare services to children? Obviously they present all States with

a great challenge to reach out to children needing services, regardless of financial need, legal residence, social status, race, religion, or national origin. They point up the responsibility of public child welfare services to strengthen family life so that children may remain with their own parents and to safeguard children in hazardous situations.

When children must be removed from their own homes, these services can form a bulwark for their care and protection.

Since public child welfare services cannot do all these tasks alone, new opportunities are opened for interagency cooperation and for active participation in community planning. The States have seen the challenge of these new amendments. They are shouldering these increased obligations for children and are actively promoting these broadened opportunities to contribute to the general welfare of children everywhere. The benefits children will derive from these new and expanded services will be reflected in wholesome and happier living for many children.

Home Visits in School Dropout Programs

Almost all State public welfare agencies carried on special activities during August 1963 to persuade young people to return to school in September and stay out of the ranks of school dropouts. Visits by welfare staff to children and their families receiving assistance or child welfare services were an important part of the States' efforts.

Twenty-four States reported visits to some 195,000 children. Since some of the reporting States did not include the entire State activity and those States where the contacts were part of the regular program of visits did not report numbers visited at all, 195,000 represents the minimum number of visits made during the campaign. In some of the 24 States reporting visits, all children in a given age range were visited; in others, only potential or actual dropouts were visited. Twenty-two of the States also reported the numbers of children contacted who returned to school. Of the 157,000 children visited in these States, 140,000, or 90 percent, returned to school.

Some 11 States reported on reasons for dropping out. Among the major reasons in all these States were lack of personal or family interest, lack of ability or retardation in school, work or entry in the armed forces, and marriage or pregnancy.

Book Note

THE POOR PAY MORE. Consumer Practices of Low-Income Families. By David Caplovitz. (A report of the Bureau of Applied Social Research, Columbia University.) The Free Press of Glencoe, New York, 1963. 220 pp. $5.50.

This is an excellent study of the consumer behavior of 464 families in low-income public housing projects in New York City.

The study sought to determine what kinds of goods these families buy; where they shop; prices paid for durables and methods of payment; their financial position in terms of the relationship among income, debt, and savings; and the problems that they encounter as consumers.

The study sample is best described by this table taken from the book:

Race	%	Income	%	Age of Head	%
White	25	Under $2,000	10	20-29	20
Negro	29	$2,000-$2,999	27	30-39	34
Puerto Rican	46	$3,000-$3,999	30	40-49	24
Total	100	$4,000-$4,999	21	50-59	11
		$5,000 and over	12	60 plus	11
		Total	100	Total	100

Education	%	Family Size	%	Family Composition	%
Elementary school	49	1,2 persons	13	Husband-wife,	
Some high school	34	3 persons	19	no children	7
High school graduate	13	4 persons	28	Mother-father,	
Beyond high school	4	5 persons	18	children	71
Total	100	6,7 persons	15	Mother,children	19
		8 or more	7	Father,children	1
		Total	100	Other[a]	2
				Total	100

Place of Birth	%	Source of Income	%
New York City	17	Earnings only	72
U.S., South	21	Welfare, whole or part	15
U.S., Other	6	Pensions	13
Puerto Rico and Cuba	43	Total	100
Europe and other foreign	13		
Total	100		

a. Includes doubled-up families, siblings, and unmarried adults living with and supporting their parents.

The following conclusions were reached: These families consume high-cost durables; they pay higher than average prices for these items and often get shoddy merchandise; they tend to own expensive appliances with the same frequency as families at much higher income levels and often buy expensive models where less expensive ones are available; they buy on credit; they shop mostly in neighborhood stores or from peddlers rather than in department stores, discount houses, or chain stores.

Credit, of course, is the bridge between their desires and their financial means. But in purchasing on credit they are no different from any other group in this country. It is their lack of sophistication as to what, where, and how to buy, that points to the urgent need for consumer education and consumer protection.

It is not credit-purchasing per se which victimizes these families. There is in effect a chain reaction: Because they are poor they are denied credit at reputable institutions; because they are young, their desire for such items as television and hi-fi sets is great; because they are in the early stages of the family-life cycle, they need furniture and other durables and have not been able to accumulate savings; because many of them are newcomers to big-city life, they are naive about where to shop; because they are nonwhite, they suffer additional discrimination by merchants, who admit charging them more for credit. All these factors add up to making them ready-made victims of high-cost, "easy credit" schemes.

Consumer education about legitimate credit institutions, such as credit unions (which also encourage saving), about quality of merchandise, and about purchasing in reputable establishments is indicated, and Caplovitz does make some suggestions for education and action programs and for protective legislation.

--Hilda Siff, Division of Research

Program and Operating Statistics

All PA Programs Show Slight Increases in October

More than 7.6 million persons received public assistance in October--an increase of 42,000 from the number in September. All six assistance programs had higher recipient loads.

In aid to families with dependent children the number of recipients increased by 10,300, or 0.3 percent, despite a drop of 3,300 in the number of persons receiving aid because of a parent's unemployment. In the State and/or locally financed programs of general assistance, an increase of nearly 10,000 in the number of recipients brought the national total to 764,000. Payments under medical assistance for the aged were made in 32 States and other jurisdictions in behalf of 157,700 persons--13,700 more than in September. The other three programs showed relatively slight increases.

Total payments for assistance, including vendor payments for medical care, rose $8.0 million to $399.4 million. The largest increase--$3.7 million or 12.9 percent--was in medical assistance for the aged. Total payments went up $1.6 million (1.3 percent) in aid to families with dependent children and $1.1 million (0.6 percent) in old-age assistance.

Small changes in average payments resulted when a few States acted to raise individual money payments to recipients or to liberalize eligibility requirements. Florida increased its allowances for food and transportation in old-age assistance, aid to the blind, and aid to the permanently and totally disabled. In Mississippi, for families receiving aid to families with dependent children, the proportion of budget deficit met by the money payment was raised from 34 percent to 38 percent. Arkansas provided for the inclusion of a second parent in payments under aid to families with dependent children if that parent lives with the children. Massachusetts increased by $1 its assistance standard in old-age assistance and removed the lien law in aid to the permanently and totally disabled.

Tables

	Page
Data on number of public assistance recipients and amounts of payments, October 1963 ...	31-41
OASDI benefits, summary data, October 1963...	42

Table 1. Number of recipients of public assistance in the United States, by month, October 1962-October 1963 1/

Table 1. Number of recipients of public assistance in the United States, by month, October 1962–October 1963 1/

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			General assistance 4/	
					Families	Total recipients 3/	Children	Cases	Recipients
	Number of recipients								
1962									
October....	2,229,059	114,657	99,928	427,312	926,851	3,732,081	2,809,210	326,000	790,000
November...	2,227,041	111,828	99,808	434,735	931,408	3,771,844	2,838,650	333,000	821,000
December...	2,226,194	109,732	99,583	437,453	942,635	3,825,517	2,871,760	354,000	899,000
1963									
January....	2,221,593	116,587	99,509	439,405	959,258	3,911,515	2,927,402	384,000	1,006,000
February...	2,217,499	116,682	99,136	442,251	967,355	3,957,218	2,960,451	390,000	1,038,000
March.....	2,214,441	117,508	98,845	445,854	975,629	3,990,393	2,984,095	387,000	1,020,000
April.....	2,211,016	127,412	98,588	448,448	977,739	4,004,001	2,995,563	371,000	941,000
May.....	2,202,503	129,493	98,457	459,236	972,468	3,976,318	2,978,716	348,000	852,000
June.....	2,198,896	136,220	98,390	461,537	962,597	3,934,542	2,952,013	329,000	775,000
July.....	2,190,856	140,159	98,084	466,357	957,794	3,918,326	2,938,506	325,000	769,000
August.....	2,194,301	148,473	98,141	470,156	954,946	3,912,129	2,933,285	326,000	767,000
September..	2,191,593	144,033	97,952	472,164	951,995	3,903,496	2,931,431	322,000	754,000
October....	2,196,327	157,707	98,175	475,482	955,185	3,913,814	2,940,237	326,000	764,000
	Percentage change from previous month								
1962									
October....	+0.1	+9.0	-0.1	+0.9	+0.2	+2.7	(5/)	+1.6	+1.7
November...	-.1	-2.5	-.1	+1.7	+.5	+1.1	+1.0	+2.3	+3.9
December...	(5/)	-1.9	-.2	+.6	+1.2	+1.4	+1.2	+6.2	+9.5
1963									
January....	-.2	+6.2	-.1	+.4	+1.8	+2.2	+1.9	+8.7	+11.9
February...	-.2	+.1	-.4	+.6	+.8	+1.2	+1.1	+1.4	+3.2
March.....	-.1	+.7	-.3	+.8	+.9	+.8	+.8	-.6	-1.7
April.....	-.2	+8.4	-.3	+.6	+.2	+.3	+.4	-4.2	-7.8
May.....	-.4	+1.6	-.1	+2.4	-.5	-.7	-.6	-6.1	-9.4
June.....	-.2	+5.2	-.1	+.9	-1.0	-1.1	-.9	-5.6	-9.0
July.....	-.4	+2.9	-.3	+1.0	-.5	-.4	-.5	-1.2	-.8
August.....	+.2	+5.9	+.1	+.8	-.3	-.2	-.2	+.3	-.3
September..	-.1	-3.0	-.2	+.4	-.3	-.2	-.1	-1.2	-1.7
October....	+.2	+9.5	+.2	+.7	+.3	+.3	+.3	+1.2	+1.3

1/ All data subject to revision. 2/ Represents data for recipients of the specified type of assistance both under separate and combined State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Before October 1962, includes as recipients the children and 1 parent or caretaker relative other than a parent in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance; beginning October 1962, may include both parents or 1 caretaker relative other than a parent. 4/ Partly estimated. Excludes Idaho and Indiana; data not available. 5/ Decrease of less than 0.05 percent.

Table 2. Amount of public assistance payments in the United States, by month, October 1962–October 1963 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	General assistance 4/
	Amount of assistance						
1962							
October	$378,265,000	$167,937,837	$24,225,415	$7,920,447	$31,664,230	$116,120,821	$21,813,000
November	376,922,000	167,138,102	22,712,013	7,942,394	31,862,827	116,451,727	22,314,000
December	381,944,000	167,969,978	22,514,900	7,992,058	32,148,952	118,745,316	23,657,000
1963							
January	391,209,000	168,828,792	25,036,154	7,970,875	32,589,133	121,309,540	26,354,000
February	389,906,000	168,448,837	22,696,442	7,971,860	32,893,149	122,423,346	26,198,000
March	396,449,000	169,787,562	23,824,718	8,045,621	33,436,893	125,231,254	26,357,000
April	399,198,000	170,660,914	26,441,100	8,044,895	34,071,522	125,534,737	25,298,000
May	399,349,000	171,464,001	28,870,692	8,049,211	34,529,977	124,204,346	23,236,000
June	390,941,000	169,416,085	26,592,866	8,040,719	34,523,871	121,770,120	21,313,000
July	390,487,000	168,081,430	28,426,914	8,043,679	35,105,811	120,616,307	21,402,000
August	391,222,000	167,109,786	29,642,387	8,009,157	35,424,031	121,184,131	21,354,000
September	391,433,000	168,441,852	28,201,068	7,972,586	35,666,981	121,841,407	21,112,000
October	399,406,000	169,526,665	31,851,824	8,109,060	36,287,194	123,437,104	21,708,000
	Percentage change from previous month						
1962							
October	+3.5	+3.7	+14.1	+3.1	+4.2	+1.5	+3.4
November	-.4	-.5	-6.2	+.3	+.6	+.3	+2.3
December	+1.3	+.5	-.9	+.6	+.9	+2.0	+6.0
1963							
January	+2.4	+.5	+11.2	-.3	+1.4	+2.2	+11.4
February	-.3	-.2	-9.3	(5/)	+.9	+.9	-.6
March	+1.7	+.8	+5.0	+.9	+1.7	+2.3	+.6
April	+.7	+.5	+11.0	(6/)	+1.9	+.2	-4.0
May	(5/)	+.5	+9.2	+.1	+1.3	-1.1	-8.1
June	-2.1	-1.2	-7.9	-.1	(6/)	-2.0	-8.3
July	-.1	-.8	+6.9	(5/)	+1.7	-.9	+.4
August	+.2	-.6	+4.3	-.4	+.9	+.5	-.2
September	+.1	+.8	-4.9	-.5	+.7	+.5	-1.1
October	+2.0	+.6	+12.9	+1.7	+1.7	+1.3	+2.8

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance both under separate and combined State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Partly estimated. Excludes Idaho and Indiana; data not available. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, October 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1963 in--		October 1962 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,196,327	$169,526,665	$77.19	+0.2	+0.6	-1.5	+0.9
Ala.....	108,098	7,263,221	67.19	+.5	-.5	+5.2	+2.9
Alaska 3/.....	1,390	4/ 119,043	85.64	+.1	+2.8	+1.4	+16.0
Ariz.....	13,425	837,441	62.38	+.5	+1.3	-1.2	+1.1
Ark.....	57,612	3,573.255	62.02	+.1	-4.5	+3.6	+9.4
Calif.....	267,602	28,743,341	107.41	+.7	+1.7	+2.4	+3.6
Colo. 2/.....	49,284	5,178,105	105.07	-.1	+1.4	-.1	+3.5
Conn.....	8,382	641,128	76.49	-.7	-.1	-6.7	-12.4
Del.....	1,132	69,329	61.24	+2.5	-14.1	+1.4	+26.5
D. C.....	2,518	211,216	83.88	-.4	-4.5	-12.3	-16.0
Fla. 3/.....	70,931	4,526,804	63.82	(5/)	+.9	+.7	+5.1
Ga.....	92,183	5,133,174	55.68	(6/)	+1.7	-1.1	+7.6
Guam 7/.....	161	5,239	32.54	---	---	---	---
Hawaii 3/.....	1,131	80,648	71.31	-.4	-9.3	-6.9	-1.3
Idaho.....	5,030	360,678	71.71	-1.0	-1.6	-10.3	-12.7
Ill.....	61,338	5,279,183	86.07	-.2	(5/)	-5.8	-1.8
Ind.....	23,614	1,789,039	75.76	-.3	-.7	-5.0	+1.0
Iowa.....	29,608	2,678,220	90.46	-.2	+.6	-5.0	-1.3
Kans.....	24,224	2,218,290	91.57	-.2	+.1	-5.0	-.4
Ky. 3/.....	55,339	3,302,280	59.67	+.7	-.7	+2.9	+5.6
La.....	128,954	10,695,809	82.94	-.1	-1.5	+1.7	+3.6
Maine.....	11,235	942,303	83.87	+.4	+5.2	+.7	+12.1
Md.....	9,447	678,729	71.85	+.3	+.5	-.4	+.8
Mass.....	55,816	5,109,427	91.54	(5/)	+5.0	-5.0	+.4
Mich.....	50,633	4,074,968	80.48	(6/)	+5.0	-3.1	+.5
Minn.....	43,475	4,793,706	110.26	+.3	+2.2	-1.3	+7.3
Miss.....	76,110	2,940,808	38.64	-.1	-.1	-2.9	+7.4
Mo.....	105,043	6,855,223	65.26	+.1	+.4	-3.1	+1.1
Mont.....	5,698	388,197	68.13	-.2	-.1	-5.6	-4.8
Nebr.....	12,767	1,044,377	81.80	+.1	+1.0	-4.2	-.4
Nev.....	2,573	226,723	88.12	+.5	-.7	+1.9	+2.0
N. H.....	4,600	463,636	100.79	+.6	+.9	-1.2	+.1
N. J.....	14,093	1,125,536	79.86	-2.0	-2.2	-24.4	-35.9
N. Mex. 3/.....	10,903	862,899	79.14	+.3	+.2	+.6	-1.5
N. Y.....	56,326	5,132,664	91.12	+.2	+4.3	-2.6	+3.7
N. C.....	44,247	2,542,561	57.46	-.1	(5/)	-2.7	+7.7
N. Dak.....	5,597	468,859	83.77	-.1	+1.3	-7.1	-8.6
Ohio.....	85,672	7,261,364	84.76	+1.8	+.4	-1.9	-2.1
Okla. 3/.....	83,753	7,900,229	94.33	+.2	(5/)	-.9	+1.1
Oreg.....	12,151	843,556	69.42	-2.4	(6/)	-20.5	-37.4
Pa.....	47,588	3,644,116	76.58	-.3	+2.8	-1.1	+1.3
P. R.....	33,491	319,524	9.54	-.5	+1.3	-5.9	-1.9
R. I.....	6,072	511,153	84.18	+.1	-.2	-2.4	-.4
S. C.....	26,940	1,343,225	49.86	+.1	+1.5	-4.9	+3.7
S. Dak.....	7,547	618,587	81.96	-.3	+1.0	-6.4	-3.9
Tenn.....	47,194	2,352,466	49.85	-.2	-1.8	-5.6	-1.2
Tex.....	227,718	16,001,880	70.27	+.4	+.2	+2.5	+4.2
Utah.....	5,310	356,652	67.17	-.2	+4.8	-19.3	-26.6
Vt.....	5,444	455,387	83.65	+.4	+2.5	-1.2	+3.4
V. I.....	480	17,757	36.99	-.2	-4.4	-9.1	-7.0
Va.....	13,545	832,620	61.47	-.3	-.3	-3.6	+2.4
Wash.....	34,799	2,704,747	77.72	+1.9	-.4	-20.2	-34.5
W. Va.....	15,306	718,172	46.92	-.1	+.2	-8.0	-7.4
Wis.....	30,212	3,073,967	101.75	-.5	-5.4	-3.8	+3.8
Wyo.....	2,586	215,204	83.22	-.4	+1.6	-5.2	-2.6

1/ All data subject to revision. 2/ Includes 3,745 recipients aged 60-64 in Colorado and payments of $326,943 to these recipients. Such payments were made without Federal participation. 3/ Represents aid to the aged under combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ In addition, supplemental payments of $23,740 from general assistance funds were made to 89 recipients. 5/ Decrease of less than 0.05 percent. 6/ Increase of less than 0.05 percent. 7/ Data for August; data for September and October not available.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, October 1963 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from September 1963	
		Total amount	Average	Number	Amount
Total.....	157,707	$31,851,824	$201.97	+9.5	+12.9
Ala.....	254	67,199	264.56	+33.7	+34.9
Ark.....	2,382	133,434	56.02	-3.5	-6.4
Calif.....	25,364	6,284,833	247.79	+39.0	+23.6
Conn.....	5,192	3/ 1,073,893	206.84	+2.5	-2.0
D. C.....	517	136,137	263.32	(4/)	(4/)
Fla. 5/.....	213	84,426	396.37	+70.4	+80.3
Guam 6/.....	118	503	4.26	---	---
Hawaii 5/.....	353	73,238	207.47	-51.4	-64.5
Idaho.....	1,772	229,657	129.60	+4.7	-1.3
Ill.....	487	186,242	382.43	-81.4	-83.1
Ky. 5/.....	5,360	145,187	27.09	-4.2	-5.9
La.....	416	62,344	149.87	-14.9	-31.4
Maine.....	412	113,583	275.69	+13.8	+22.3
Md.....	8,535	301,729	35.35	+29.2	+11.2
Mass.....	24,084	3/ 4,021,780	166.99	+2.2	-.7
Mich.....	5,230	1,780,804	340.50	+1.3	-2.6
N. H.....	641	35,107	54.77	+42.8	-11.8
N. J.....	4,420	3/ 789,157	178.54	+2.9	+4.6
N. Y.....	33,243	3/ 11,349,444	341.41	+9.4	+34.1
N. Dak.....	7/ 1,019	3/ 197,985	194.29	+4.2	+2.8
Okla. 5/.....	931	152,714	164.03	-3.6	+.2
Oreg.....	3,833	552,086	144.03	+9.2	+18.6
Pa.....	7,475	1,861,343	249.01	+5.7	+15.4
P. R.....	2,322	78,616	33.86	+19.8	+4.6
S. C.....	933	182,538	195.65	+56.8	+70.2
Tenn.....	528	55,830	105.74	-71.8	-49.4
Utah.....	2,009	249,508	124.20	+14.5	+23.5
Vt.....	81	31,903	393.86	(8/)	(8/)
V. I.....	161	3,923	24.37	+8.8	+285.7
Wash.....	9,980	1,292,768	129.54	+3.7	-3.9
W. Va.....	9,440	323,691	34.29	+28.7	+57.8
Wyo.....	2	222	(8/)	(4/)	(4/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $740 in Connecticut, $98,967 in Massachusetts, $10,649 in New Jersey, $49,495 in New York, and $2,302 in North Dakota. 4/ No payments made in September 1963. 5/ Represents medical assistance for the aged under combined program for aid to the aged, blind or disabled and medical assistance for the aged. 6/ Data for August; data for September and October not available. 7/ Includes an unknown number of cases receiving only money payments. 8/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, October 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1963 in--		October 1962 in--	
				Number	Amount	Number	Amount
Total 2/....	98,175	$8,109,060	$82.60	+0.2	+1.7	-1.8	+2.4
Ala.....	1,716	81,999	47.78	+.2	-.1	+4.0	+12.2
Alaska 3/.....	105	8,011	76.30	-.9	-.5	+2.9	+1.8
Ariz.....	843	61,252	72.66	-.7	-.9	-5.7	-5.6
Ark.....	1,984	132,358	66.71	+.1	-3.5	+.8	+6.1
Calif. 2/.....	12,286	1,558,959	126.89	+1.4	(4/)	-3.5	-1.7
Colo.....	257	20,951	81.52	0	-3.9	+2.4	+2.4
Conn.....	311	30,590	98.36	+.6	+1.7	+7.6	-2.2
Del.....	291	21,862	75.13	0	-1.6	+6.6	+1.0
D. C.....	179	13,094	73.15	-2.7	-3.3	-8.2	-7.5
Fla. 3/.....	2,573	172,749	67.14	-.2	+2.0	+1.1	+5.0
Ga.....	3,127	185,127	59.20	+.1	+2.3	+.4	+9.4
Guam 5/.....	7	163	(6/)	---	---	---	---
Hawaii 3/.....	82	7,672	93.56	(6/)	(6/)	(6/)	(6/)
Idaho.....	126	8,754	69.48	-1.6	-2.9	-6.0	-8.7
Ill.....	2,742	255,431	93.15	-.4	-.9	-4.0	-1.8
Ind.....	1,811	151,323	83.56	-.3	+2.3	-2.6	+1.3
Iowa.....	1,248	126,086	101.03	-.4	+.5	-6.4	-4.2
Kans.....	532	50,358	94.66	-.9	+2.3	-3.1	+5.2
Ky. 3/.....	2,393	163,633	68.38	+.1	-1.1	+1.0	+3.2
La.....	2,811	228,670	81.35	-.2	-.3	+1.5	+1.7
Maine.....	398	32,876	82.60	-2.5	-1.8	-2.7	+9.0
Md.....	402	31,090	77.34	+.5	+.3	-5.2	+4.7
Mass.....	2,297	338,566	147.39	+2.9	+25.0	+1.7	+25.2
Mich.....	1,692	136,773	80.84	+.8	+3.0	-.5	-1.7
Minn.....	1,044	121,476	116.36	+.8	+5.9	+1.2	+5.9
Miss.....	3,058	131,411	42.97	-.9	-1.8	-8.8	+3.7
Mo. 2/.....	4,641	324,870	70.00	-.1	-.1	-3.4	+4.1
Mont.....	268	21,405	79.87	-.7	+.3	-9.2	-6.5
Nebr.....	660	65,167	98.74	-.9	-2.7	-5.4	-4.7
Nev.....	165	19,575	118.64	-.6	+1.6	-4.1	+.7
N. H.....	271	29,102	107.39	+1.1	+2.8	+7.1	+10.9
N. J.....	949	78,246	82.45	+.2	-2.2	-.2	-6.6
N. Mex. 3/.....	343	31,934	93.10	+1.2	+1.1	-.6	+26.1
N. Y.....	3,235	360,459	111.42	+1.3	+5.1	-4.7	+4.5
N. C.....	5,130	330,700	64.46	-.2	+.5	+1.4	+10.6
N. Dak.....	84	7,060	84.05	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,419	298,875	87.42	-.5	+8.0	-.5	+5.5
Okla. 3/.....	1,709	203,856	119.28	-.2	-.9	-1.2	+3.9
Oreg.....	390	33,963	87.08	+1.3	+2.4	+8.9	-1.5
Pa. 2/.....	17,955	1,353,853	75.40	+.4	+1.5	-.2	+1.5
P. R.....	1,576	13,142	8.34	-.8	-.5	-4.7	-3.8
R. I.....	94	7,767	82.63	(6/)	(6/)	-16.1	-17.5
S. C.....	1,700	104,314	61.36	-.3	+1.6	+.8	+16.1
S. Dak.....	135	8,902	65.94	+1.5	+1.4	-10.6	-11.4
Tenn.....	2,327	119,844	51.50	-.4	-1.0	-5.3	-.5
Tex.....	4,942	342,200	69.24	-.6	-.3	-4.2	-2.1
Utah.....	177	13,180	74.46	-1.1	-4.8	0	-6.4
Vt.....	109	7,130	65.41	-1.8	-3.2	+2.8	+1.9
V. I.....	16	536	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,153	75,140	65.17	+.3	-5.8	-1.1	+2.8
Wash.....	665	59,880	90.05	+2.0	+3.7	+.3	-15.5
W. Va.....	858	41,037	47.83	-.3	+.3	-6.6	-5.1
Wis.....	835	81,426	97.52	+.1	+8.5	-4.8	+2.2
Wyo.....	54	4,263	78.94	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $17,633 to 107 recipients; Missouri, $65,843 to 738 recipients; and Pennsylvania, $933,770 to 12,559 recipients. 3/ Represents aid to the blind under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Increase of less than 0.05 percent. 5/ Data for August; data for September and October not available. 6/ Average payments not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, October 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1963 in--		October 1962 in--	
				Number	Amount	Number	Amount
Total.....	475,482	$36,287,194	$76.32	+0.7	+1.7	+11.3	+14.6
Ala.....	13,931	629,086	45.16	.3	-1.4	+8.2	+16.9
Alaska 2/.....	36	2,844	(3/)	(3/)	(3/)	(4/)	(4/)
Ariz.....	2,307	156,644	67.90	+6.8	+6.8	+172.4	+168.1
Ark.....	9,008	516,101	57.29	+.3	-.9	+12.0	+23.3
Calif.....	38,346	4,182,275	109.07	+3.1	+3.6	+50.4	+56.6
Colo.....	5,878	432,294	73.54	+.9	-2.8	+3.1	+5.3
Conn.....	6,913	443,571	64.16	+1.9	-2.6	+191.6	+39.2
Del.....	419	30,221	72.13	0	(5/)	-6.5	+3.2
D. C.....	2,921	225,270	77.12	-1.3	-1.4	-3.9	-1.5
Fla. 2/.....	15,192	1,065,057	70.11	+.9	+3.8	+11.7	+18.8
Ga.....	25,495	1,511,643	59.29	-.2	+1.7	+2.6	+12.8
Guam 6/.....	80	1,952	24.40	---	---	---	---
Hawaii 2/.....	1,047	114,967	109.81	-8.6	-24.4	+.4	+8.6
Idaho.....	2,527	138,241	54.71	+1.7	+1.1	+14.1	+4.3
Ill.....	27,823	2,714,504	97.56	+.2	+.4	+1.3	+.9
Ind.....	613	76,075	124.10	+17.0	+12.3	(4/)	(4/)
Iowa.....	999	82,396	82.48	+1.2	+1.5	+19.4	+45.6
Kans.....	4,376	469,292	107.24	+.4	+1.5	+2.8	+18.2
Ky. 2/.....	9,396	678,649	72.23	+.9	+.7	+7.2	+12.4
La.....	18,471	1,065,184	57.67	+.7	+1.2	+3.1	+3.7
Maine.....	2,409	210,507	87.38	+.1	+1.3	+6.4	+19.4
Md.....	6,888	530,685	77.04	+.9	+.8	+6.9	+17.6
Mass.....	10,892	1,529,248	140.40	+.8	+.9	+3.2	+7.1
Mich.....	7,019	735,135	104.74	+.7	+5.7	+13.5	+16.4
Minn.....	3,218	196,494	61.06	+1.0	+1.3	+10.0	+10.7
Miss.....	16,212	710,983	43.86	+1.7	+1.5	+19.2	+52.3
Mo.....	14,591	984,029	67.44	-.4	-.3	-1.7	+2.4
Mont.....	1,264	95,767	75.77	+.9	+1.7	+1.3	+2.4
Nebr.....	2,297	188,565	82.09	0	+1.6	+6.7	+8.6
N. H.....	547	61,636	112.68	+2.1	+1.1	+9.2	+6.9
N. J.....	8,026	754,344	93.99	(7/)	-.5	+4.5	+5.5
N. Mex. 2/.....	3,370	304,401	90.33	+1.2	+1.3	+13.3	+28.7
N. Y.....	35,109	4,379,293	124.73	+1.1	+3.1	+.4	+6.1
N. C.....	21,243	1,444,563	68.00	-2.6	-1.5	+.2	+10.4
N. Dak.....	1,303	137,051	105.18	+2.4	+9.3	+5.1	+13.8
Ohio.....	18,208	1,472,131	80.85	+.9	+4.6	+11.0	+10.8
Okla. 2/.....	12,115	1,313,629	108.43	+1.2	+1.0	+8.9	+13.0
Oreg.....	7,688	506,450	65.88	+.5	+3.0	+62.5	+12.2
Pa.....	19,367	1,276,226	65.90	-.5	+3.1	+3.5	+7.6
P. R.....	21,645	186,188	8.60	-.1	+.1	-2.3	-2.7
R. I.....	2,673	243,271	91.01	+.8	+1.2	+.4	+5.5
S. C.....	8,381	438,709	52.35	+.5	-1.0	+3.1	+6.3
S. Dak.....	1,109	75,272	67.87	+.7	+1.7	+.8	+5.8
Tenn.....	12,320	616,594	50.05	+.2	-.3	+4.9	+9.5
Tex.....	8,718	500,852	57.45	+.8	+.8	+10.6	+9.7
Utah.....	4,651	326,769	70.26	(7/)	+7.3	+5.3	+13.0
Vt.....	957	67,018	70.03	+.4	+1.0	+7.3	+10.5
V. I.....	96	3,139	32.70	(3/)	(3/)	(3/)	(3/)
Va.....	6,532	426,584	65.31	+.3	-1.4	+1.0	+4.7
Wash.....	18,250	1,045,474	57.29	+3.5	+4.0	+96.5	+17.7
W. Va.....	6,489	318,436	49.07	-.8	-.7	-11.0	-6.7
Wis.....	5,524	620,706	112.37	+1.1	+7.0	+10.4	+19.1
Wyo.....	593	50,779	85.63	+1.9	+9.1	+3.7	+12.7

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ Program not in operation in 1962. 5/ Increase of less than 0.05 percent. 6/ Data for August; data for September and October not available. 7/ Decrease of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, October 1963 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		Sept. 1963 in--		October 1962 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/..	955,185	3,913,814	2,940,237	$123,437,104	$129.23	$31.54	+0.3	+1.3	+4.9	+6.3
Ala. 4/.....	22,252	90,619	71,388	1,053,972	47.37	11.63	-.5	-.5	+1.7	+6.2
Alaska.....	1,218	4,371	3,307	150,294	123.39	34.38	-1.2	-1.1	+.7	+.2
Ariz. 3/ 4/....	9,864	41,929	31,614	1,200,896	121.75	28.64	-.7	-2.0	+10.3	+9.6
Ark.....	6,699	26,332	20,355	452,745	67.58	17.19	-.3	-1.2	+13.0	+18.7
Calif. 4/.....	94,236	362,335	274,510	15,827,958	167.96	43.68	+.9	+2.1	+10.1	+8.8
Colo.....	10,051	39,462	30,568	1,471,024	146.36	37.28	+.2	+.1	+11.4	+18.5
Conn. 3/.....	12,435	49,350	35,744	2,196,937	176.67	44.52	-4.0	+4.7	+25.6	+10.4
Del. 3/.....	2,111	9,519	7,261	209,255	99.13	21.98	+4.3	+3.5	+10.7	+11.2
D. C.....	3,823	18,169	14,548	588,838	154.03	32.41	-.5	-1.0	-12.5	-14.0
Fla.....	27,800	104,372	83,650	1,705,254	61.34	16.34	-.1	-.2	+2.8	+1.2
Ga.....	15,631	58,554	45,618	1,361,212	87.08	23.25	+.4	+.2	-4.7	-4.3
Guam 5/.....	172	860	714	11,465	66.66	13.33	---	---	---	---
Hawaii 3/.....	3,205	13,615	10,177	471,850	147.22	34.66	+.9	-5.8	+.1	-.6
Idaho.....	2,481	9,678	7,055	384,290	154.89	39.71	-.6	-3.4	+1.7	-1.0
Ill. 3/ 4/.....	55,340	258,345	197,348	10,898,204	196.93	42.18	-.3	-.2	-2.1	-6.1
Ind. 4/.....	11,798	46,982	34,867	1,299,536	110.15	27.66	-1.1	-.4	+.4	-.5
Iowa.....	10,737	42,801	30,986	1,602,693	149.27	37.45	-.4	+.3	+5.6	+6.4
Kans. 3/.....	7,406	30,375	23,440	1,156,654	156.18	38.08	+1.0	+1.5	+14.5	+18.5
Ky.....	19,957	75,663	54,465	1,861,873	93.29	24.61	-.8	-1.8	-4.6	-5.9
La. 4/.....	22,670	98,470	74,395	2,261,976	99.78	22.97	+.4	+.5	+5.6	+4.2
Maine.....	5,813	21,041	15,681	614,992	105.80	29.23	-1.3	-3.1	-1.8	-3.0
Md. 3/ 4/.....	14,299	61,563	47,506	1,993,615	139.42	32.38	+1.7	+1.7	+13.3	+17.8
Mass. 3/.....	21,513	80,184	60,834	3,922,101	182.31	48.91	+2.4	+7.0	+17.6	+22.6
Mich. 4/.....	33,599	125,233	91,986	4,579,091	136.29	36.56	(6/)	+1.1	+3.1	+.9
Minn.....	12,062	43,527	34,167	2,161,121	179.17	49.65	+1.0	+2.9	+8.9	+11.1
Miss.....	20,431	81,015	64,193	781,176	38.23	9.64	-.1	+8.6	+1.7	+8.1
Mo.....	25,701	104,577	78,467	2,486,228	96.74	23.77	+.2	+.6	+.9	-1.1
Mont.....	1,731	6,863	5,302	231,955	134.00	33.80	(7/)	+1.0	-2.7	-2.6
Nebr.....	3,348	13,702	10,559	408,831	122.11	29.84	+.2	+.1	+6.7	+8.3
Nev.....	1,295	4,890	3,916	154,747	119.50	31.65	-1.0	-1.0	+9.2	+16.7
N. H.....	1,005	4,197	3,135	180,179	179.28	42.93	+4.4	+4.7	+2.8	+9.4
N. J.....	23,474	92,242	69,773	4,346,334	185.16	47.12	+1.2	+.9	+14.9	+14.6
N. Mex. 4/.....	7,631	30,971	23,405	1,046,989	137.20	33.81	+.6	+.5	+5.8	+16.3
N. Y. 3/.....	102,190	443,034	324,867	19,573,780	191.54	44.18	+1.0	+1.9	+15.5	+17.9
N. C. 4/.....	26,829	110,885	82,498	2,607,590	97.19	23.52	+.9	+1.5	+3.1	+9.3
N. Dak.....	1,666	6,601	5,055	271,616	163.03	41.15	-.5	+4.2	+1.2	+2.4
Ohio.....	36,904	151,243	113,688	4,667,453	126.48	30.86	(7/)	+3.8	+5.2	+9.1
Okla. 3/ 4/....	18,486	71,768	53,026	2,498,320	135.15	34.81	+.9	+.3	+1.6	+2.6
Oreg. 3/ 4/....	7,552	27,966	21,014	1,062,787	140.73	38.00	+3.0	+2.4	+1.6	+.3
Pa. 3/.....	71,537	316,834	224,161	9,034,225	126.29	28.51	-2.2	+.7	+2.8	-.8
P. R.....	53,395	213,955	170,978	769,089	14.40	3.59	-.8	-.2	-3.8	-8.0
R. I. 3/.....	5,469	22,051	16,176	877,736	160.49	39.80	+1.1	+1.3	+10.0	+12.4
S. C.....	8,061	32,289	25,809	515,376	63.93	15.96	-.2	+.3	-3.1	+6.8
S. Dak.....	2,835	10,225	7,784	351,642	124.04	34.39	-.9	-2.3	+2.8	+14.7
Tenn.....	19,849	77,683	58,169	1,437,307	72.41	18.50	-1.5	-1.8	-5.7	-7.5
Tex.....	18,959	85,210	64,990	1,537,810	81.11	18.05	+2.5	+2.0	+6.7	+1.1
Utah 3/ 4/.....	4,397	18,200	13,255	601,288	136.75	33.04	+.8	+2.8	+16.5	+15.7
Vt.....	1,292	4,723	3,562	144,862	112.12	30.67	-.2	-.3	-2.1	-.5
V. I.....	311	1,123	946	16,904	54.35	15.05	-.3	-7.7	+3.4	-5.2
Va. 4/.....	10,291	43,560	33,492	1,048,410	101.88	24.07	+.1	+1.9	+1.8	+2.4
Wash. 3/ 4/....	14,648	56,642	41,140	1,920,993	131.14	33.91	+18.5	-.8	+40.1	+11.1
W. Va. 3/ 4/...	26,734	122,240	84,259	3,261,543	122.00	26.68	-1.4	-1.4	-9.2	-4.0
Wis. 4/.....	11,178	42,634	32,016	2,044,336	182.89	47.95	(7/)	+4.9	+1.6	+7.4
Wyo.....	814	3,142	2,418	119,752	147.12	38.11	+.5	+2.0	+3.0	+5.4

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on unemployed-parent segment; see table 8. 4/ Includes data on foster-family care; see table 9. 5/ Data for August; data for September and October not available. 6/ Decrease of less than 0.05 percent. 7/ Increase of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, October 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from September 1963 in--	
		Total 2/	Children	Total	Average per--		Number of recipients	Amount
					Family	Recipient		
Total.....	47,761	271,547	179,958	$8,099,924	$169.59	$29.83	-1.2	+1.0
Ariz.....	(3/)	(3/)	(3/)	(3/)	---	---	---	---
Conn.....	1,958	10,450	6,781	318,165	162.49	30.45	+1.5	+37.7
Del.....	271	1,616	1,119	35,208	129.92	21.79	+12.2	+10.2
Hawaii.....	334	2,022	1,394	57,193	171.24	28.29	+1.5	-5.4
Ill.....	7,614	48,484	33,591	1,861,402	244.47	38.39	-2.5	-3.3
Kans.....	177	959	636	34,607	195.52	36.09	+13.6	+14.7
Md.....	347	2,114	1,437	59,019	170.08	27.92	-2.4	-4.0
Mass.....	538	3,037	2,086	105,698	196.46	34.80	+.6	+3.1
N. Y.....	12,467	72,468	48,882	2,314,252	185.63	31.93	+1.0	+3.6
Okla.....	17	100	70	2,918	(4/)	(4/)	-13.0	-11.1
Oreg.....	363	1,939	1,378	69,159	190.52	35.67	+44.7	+55.7
Pa.....	10,527	56,790	36,370	1,330,942	126.43	23.44	-7.0	-1.4
R. I.....	551	3,097	2,038	103,291	187.46	33.35	+6.8	+4.9
Utah.....	714	3,976	2,736	79,910	111.92	20.10	-4.3	-10.1
Wash.....	1,019	5,687	3,645	129,422	127.01	22.76	+35.5	-.1
W. Va.....	10,864	58,808	37,795	1,598,738	147.16	27.19	-1.8	-1.8

1/ Data for this segment of the program, shown separately here, are included in table 7. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ No recipients or payments in October 1963. 4/ Average payment not computed on base of fewer than 50 families.

Table 9. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, October 1963 1/

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	3,797	2/ 2,912	2/ 140	1,602	$281,694	$74.19	2/ $193,349	2/ $21,828
Ala.....	9	9	0	4	336	(3/)	336	0
Ariz.....	145	145	0	56	9,229	63.65	9,229	0
Calif.....	1,037	937	100	483	95,026	91.64	76,612	18,414
Ill.....	745	(2/)	(2/)	296	66,517	89.28	(2/)	(2/)
Ind.....	79	79	0	28	3,135	39.68	3,135	0
Kans.....	9	8	1	6	944	(3/)	809	135
La.....	331	321	10	129	22,637	68.39	21,776	861
Md.....	255	243	12	93	18,281	71.69	17,142	1,139
Mich.....	1	1	0	1	68	(3/)	68	0
Minn.....	114	104	10	58	8,295	72.76	7,289	1,006
N. Mex.....	81	81	0	34	4,602	56.81	4,602	0
N. C.....	30	30	0	8	1,264	(3/)	1,264	0
Okla.....	238	238	0	103	9,983	41.95	9,983	0
Oreg.....	168	168	0	66	10,483	62.40	10,483	0
Utah.....	188	188	0	82	10,465	55.66	10,465	0
Va.....	57	57	0	16	2,112	37.05	2,112	0
Wash.....	75	75	0	32	3,567	47.56	3,567	0
W. Va.....	45	38	7	15	2,382	(3/)	2,109	273
Wis.....	190	190	0	92	12,368	65.09	12,368	0

1/ Data for this segment of the program, shown separately here, are included in Table 7. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children.

Table 10. General assistance: Recipients and payments to recipients, by State, October 1963 1/

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		September 1963 in--		October 1962 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/..	326,000	764,000	$21,708,000	$66.64	$28.42	+1.3	+2.8	-3.3	-0.5
Ala.....	69	69	902	13.07	13.07	(3/)	(3/)	(3/)	(3/)
Alaska.....	238	760	16,898	71.00	22.23	+6.0	+29.6	+39.4	+33.6
Ariz.....	2,140	4,821	122,454	57.22	25.40	+3.8	-.7	-22.2	-33.4
Ark.....	341	1,280	5,132	15.06	4.01	+10.9	+.2	-1.1	-2.2
Calif.....	31,057	72,113	2,001,297	64.44	27.75	+9.1	+7.1	+7.1	+6.4
Colo.....	1,234	3,890	49,301	39.95	12.67	-12.0	-4.2	-18.9	-16.6
Conn.....	4/ 4,329	4/ 10,831	4/ 295,508	68.26	27.28	-1.0	+1.8	-.2	(5/)
Del.....	1,351	2,461	71,476	52.91	29.04	+4.7	+5.7	+21.9	+15.6
D. C.....	568	610	40,913	72.03	67.07	-2.4	-2.6	-40.4	-42.5
Fla. 6/.....	8,300	(7/)	249,000	---	---	---	---	---	---
Ga.....	2,339	5,383	73,123	31.26	13.58	+7.5	+7.5	-7.7	-2.8
Guam 8/.....	5	5	138	---	---	---	---	---	---
Hawaii.....	1,082	1,357	69,952	64.65	51.55	+.5	+1.8	-5.4	-1.0
Ill.....	26,873	55,587	2,223,365	82.74	40.00	+1.2	+4.4	-2.5	-2.0
Iowa 6/.....	3,600	7,800	133,000	---	---	---	---	---	---
Kans.....	2,900	7,349	183,593	63.31	24.98	-3.8	-3.4	-5.9	-2.7
Ky.....	1,569	4,985	56,822	36.22	11.40	+12.2	-12.3	-18.5	-20.6
La.....	7,902	8,733	411,657	52.10	47.14	+1.7	+1.5	+7.8	+5.7
Maine.....	2,274	7,868	100,745	44.30	12.80	-2.6	-7.0	-5.8	+6.4
Md.....	5,129	5,681	366,198	71.40	64.46	+.8	+1.6	+11.0	+14.0
Mass.....	7,398	15,218	535,572	72.39	35.19	+2.8	+12.0	+13.8	+17.4
Mich.....	27,334	94,792	2,707,733	99.06	28.56	-1.4	-.7	-16.4	-18.2
Minn.....	8,876	24,623	745,224	83.96	30.27	+6.1	+10.8	+9.2	+16.7
Miss.....	1,039	1,316	15,415	14.84	11.71	+1.3	+3.4	-2.9	+1.5
Mo.....	9,281	12,055	614,556	66.22	50.98	+.2	+.5	-3.0	+16.1
Mont.....	1,185	3,641	54,182	45.72	14.88	+2.5	+1.3	+26.6	+14.4
Nebr.....	891	2,742	45,145	50.67	16.46	-11.2	-4.2	-.5	-2.6
Nev.....	302	577	17,592	58.25	30.49	+2.1	+4.1	+84.3	+81.8
N. H.....	639	2,167	32,433	50.76	14.97	-19.6	-33.8	-10.2	-21.6
N. J. 9/.....	9,147	29,986	1,091,100	119.29	36.39	+1.7	-.7	+16.6	+19.3
N. Mex.....	557	938	23,284	41.80	24.82	+7.6	+13.3	+8.8	+26.8
N. Y. 10/.....	36,181	82,459	2,995,724	82.80	36.33	+3.5	+4.5	+14.2	+25.0
N. C.....	1,839	4,961	53,862	29.29	10.86	+17.5	+15.2	+6.1	+21.0
N. Dak.....	328	1,195	17,625	53.73	14.75	+17.4	+9.9	+11.8	+11.4
Ohio.....	28,686	100,344	2,057,489	71.72	20.50	-.9	-1.0	-19.4	-24.3
Okla.....	7,663	(7/)	102,184	13.33	---	---	+5.9	---	-3.1
Oreg.....	4,375	(7/)	247,409	56.55	---	---	+20.9	---	+19.7
Pa.....	37,287	45,229	2,188,595	58.70	48.39	(11/)	-.6	-.5	-.5
P. R.....	1,354	1,354	10,328	7.63	7.63	+37.2	+39.6	+5.5	+8.7
R. I.....	2,613	6,265	174,433	66.76	27.84	+11.4	+30.3	+26.1	+46.7
S. C.....	1,413	1,270	39,786	28.16	31.33	-22.7	(11/)	-21.3	-11.6
S. Dak.....	298	922	9,831	32.99	10.66	-2.4	+10.3	+14.3	+12.3
Tenn.....	1,813	5,137	36,409	20.08	7.09	-.9	+11.8	-15.2	+4.6
Tex. 12/ 13/.....	12,400	(7/)	237,000	---	---	---	---	---	---
Utah.....	1,336	3,615	89,923	67.31	24.87	+6.2	+12.0	+41.7	+32.4
Vt. 13/.....	800	(7/)	25,000	---	---	---	---	---	---
V. I.....	150	156	5,304	35.36	34.00	-14.3	-5.8	-7.1	+2.9
Va.....	2,274	5,442	107,412	47.23	19.74	-12.3	-2.8	+22.5	+14.5
Wash.....	7,127	14,227	498,674	69.97	35.05	+4.4	+5.4	-13.0	-8.1
W. Va.....	1,273	2,051	46,295	36.37	22.57	+.1	-1.0	-3.2	+13.7
Wis.....	7,377	22,493	685,531	92.93	30.48	+.4	+12.4	+.8	+4.4
Wyo.....	236	805	15,793	66.92	19.62	-17.6	-13.2	-34.3	-37.9

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho and Indiana; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 9 percent of this total is estimated. 5/ Decrease of less than 0.05 percent. 6/ Partly estimated. 7/ Data not available. 8/ Data for August; data for September and October not available. 9/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 10/ Includes an unknown number of cases and persons receiving only medical care. 11/ Increase of less than 0.05 percent. 12/ Data for September; data for October not available. 13/ Estimated on basis of reports from sample of local jurisdictions.

Table II. Amount of vendor payments for medical care for recipients of public assistance, by program and State, October 1963 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance
Total.....	$34,276,859	$31,851,824	$978,374	$8,744,709	$9,571,455	2/ $8,671,000
Ala.....	864,137	67,199	3,334	50,017	493	---
Alaska 3/.....	24,058	---	---	---	---	4/ 72,994
Ariz.....	37,238	---	---	---	---	---
Ark.....	658,557	133,434	16,574	177,528	42,219	27,966
Calif.....	3,441,965	6,284,833	167,606	762,051	715,772	101,596
Colo.....	1,133,157	---	3,560	85,964	97,869	80,366
Conn.....	139,432	5/ 1,073,893	11,373	200,038	251,293	(6/)
Del.....	10,315	---	1,342	---	---	---
D. C.....	53,838	136,137	292	11,186	1,013	110
Fla. 3/.....	1,132,266	84,426	21,831	232,685	57,146	---
Ga.....	698,176	---	10,755	130,527	---	---
Guam 7/.....	1,088	503	---	---	---	---
Hawaii 3/.....	20,867	73,238	1,230	39,953	73,562	26,309
Idaho.....	49,132	229,657	235	22,166	---	---
Ill.....	2,470,676	186,242	77,084	817,684	1,350,684	4/ 774,964
Ind.....	756,413	---	42,400	47,504	199,958	---
Iowa.....	985,535	---	12,340	---	164,249	4/ 8/ 259,000
Kans.....	454,863	---	10,064	87,761	139,341	87,544
Ky. 3/.....	444,344	145,187	10,756	89,600	148,136	---
La.....	1,777,712	62,344	6,093	83,391	16,144	4,068
Maine.....	342,606	113,583	4,378	43,344	29,065	80,860
Md.....	86,910	301,729	3,549	63,998	---	1,706
Mass.....	1,063,165	5/ 4,021,780	68,313	782,518	422,079	174,268
Mich.....	545,180	1,780,804	10,684	165,789	119,417	447,709
Minn.....	2,926,257	---	54,700	43,342	339,544	368,463
Miss.....	118,264	---	---	---	---	---
Mo.....	685,315	---	---	17,245	29,822	10,508
Mont.....	993	---	626	---	300	4/ 336,057
Nebr.....	446,996	---	24,290	70,887	18,931	4/ 45,295
Nev.....	53,403	---	3,530	(9/)	9,708	4/ 185,309
N. H.....	100,645	35,107	5,759	19,240	30,599	(6/)
N. J.....	267,285	5/ 789,157	9,493	217,092	204,240	289,896
N. Mex. 3/.....	220,400	---	7,182	70,509	123,936	8,130
N. Y.....	1,138,803	5/ 11,349,444	97,643	1,925,032	2,257,779	254,113
N. C.....	348,916	---	28,718	246,368	195,858	4/ 129,316
N. Dak.....	128,481	5/ 197,985	1,568	58,085	36,856	4/ 18,739
Ohio.....	1,591,188	---	59,176	273,634	453,771	4/ 1,494,371
Okla. 3/.....	1,495,098	152,714	30,672	214,542	178,788	(6/)
Oreg.....	128,159	552,086	3,122	163,482	83,099	58,799
Pa.....	674,417	1,861,343	78,135	261,786	449,591	161,151
P. R.....	36,488	78,616	---	---	---	---
R. I.....	94,116	---	1,410	47,045	130,101	4/ 79,099
S. C.....	248,557	182,538	11,916	59,789	23,388	9,560
S. Dak.....	101,885	---	---	---	---	4/ 102,816
Tenn.....	341,768	55,830	3,258	22,176	37,713	---
Tex.....	2,678,977	---	---	---	---	---
Utah.....	54,279	249,508	2,844	138,506	75,536	1,841
Vt.....	187,063	31,903	572	9,421	---	---
V. I.....	2,880	3,923	---	---	16	276
Va.....	231,648	---	10,643	70,986	51,199	4/ 16,479
Wash.....	535,673	1,292,768	14,040	454,986	259,920	94,324
W. Va.....	135,799	323,691	5,094	57,333	441,631	11,737
Wis.....	2,074,580	---	39,754	400,005	301,827	252,959
Wyo.....	36,896	222	436	9,514	8,862	36,417

1/ For State programs not shown, no vendor payments were made during the month or such payments were not reported. 2/ Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting these data semiannually but not on a monthly basis. 3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Includes payments made in behalf of recipients of the special types of public assistance. 5/ Includes money payments not subject to Federal participation as follows: $740 in Connecticut, $98,967 in Massachusetts, $10,649 in New Jersey, $49,495 in New York, and $2,302 in North Dakota. 6/ Data not available. 7/ Data for August; data for September and October not available. 8/ Partly estimated. 9/ No program for aid to the permanently and totally disabled.

Table 12. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, October 1963 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)		
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care
All States.....	$77.19	$61.58	$15.61	$201.97	$82.60	$72.63	$9.97	$76.32	$57.93	$18.39	$31.54	$29.09	$2.45
Ala.....	67.19	59.20	7.99	264.56	47.78	45.84	1.94	45.16	41.57	3.59	11.63	11.63	.01
Alaska 2/.....	85.64	68.33	17.31	---	76.30	76.30	---	(3/)	(3/)	---	34.38	34.38	---
Ariz.....	62.38	59.61	2.77	---	72.66	72.66	---	67.90	67.90	---	28.64	28.64	---
Ark.....	62.02	50.59	11.43	56.02	66.71	58.36	8.35	57.29	37.59	19.71	17.19	15.59	1.60
Calif.....	107.41	94.55	12.86	247.79	126.89	113.25	13.64	109.07	89.19	19.87	43.68	41.71	1.98
Colo.....	105.07	82.07	22.99	---	81.52	67.67	13.85	73.54	58.92	14.62	37.28	34.80	2.48
Conn.....	76.49	59.85	16.63	206.84	98.36	61.79	36.57	64.16	35.23	28.94	44.52	39.43	5.09
Del.....	61.24	52.13	9.11	---	75.13	70.52	4.61	72.13	72.13	---	21.98	21.98	---
D. C.....	83.88	62.50	21.38	263.32	73.15	71.52	1.63	77.12	73.29	3.83	32.41	32.35	.06
Fla. 2/.....	63.82	47.86	15.96	396.37	67.14	58.65	8.48	70.11	54.79	15.32	16.34	15.79	.55
Ga.....	55.68	48.11	7.57	---	59.20	55.76	3.44	59.29	54.17	5.12	23.25	23.25	---
Guam 4/.....	32.54	25.78	6.76	4.26	(3/)	(3/)	---	24.40	24.40	---	13.33	13.33	---
Hawaii 2/.....	71.31	52.86	18.45	207.47	93.56	78.56	15.00	109.81	71.65	38.16	34.66	29.25	5.40
Idaho.....	71.71	61.94	9.77	129.60	69.48	67.61	1.87	54.71	45.93	8.77	39.71	39.71	---
Ill.....	86.07	45.79	40.28	382.43	93.15	65.04	28.11	97.56	68.17	29.39	42.18	36.96	5.23
Ind.....	75.76	43.73	32.03	---	83.56	60.15	23.41	124.10	46.61	77.49	27.66	23.40	4.26
Iowa.....	90.46	57.17	33.29	---	101.03	91.14	9.89	82.48	82.48	---	37.45	33.61	3.84
Kans.....	91.57	72.80	18.78	---	94.66	75.74	18.92	107.24	87.19	20.06	38.08	33.49	4.59
Ky. 2/.....	59.67	51.64	8.03	27.09	68.38	63.89	4.49	72.23	62.69	9.54	24.61	22.65	1.96
La.....	82.94	69.16	13.79	149.87	81.35	79.18	2.17	57.67	53.15	4.51	22.97	22.81	.16
Maine.....	83.87	53.38	30.49	275.69	82.60	71.60	11.00	87.38	69.39	17.99	29.23	27.85	1.38
Md.....	71.85	62.65	9.20	35.35	77.34	68.51	8.83	77.04	67.75	9.29	32.38	32.38	---
Mass.....	91.54	72.49	19.05	166.99	147.39	117.65	29.74	140.40	68.56	71.84	48.91	43.65	5.26
Mich.....	80.48	69.71	10.77	340.50	80.84	74.52	6.31	104.74	81.11	23.62	36.56	35.61	.95
Minn.....	110.26	42.95	67.31	---	116.36	63.96	52.39	61.06	47.59	13.47	49.65	41.85	7.80
Miss.....	38.64	37.09	1.55	---	42.97	42.97	---	43.86	43.86	---	9.64	9.64	---
Mo.....	65.26	58.74	6.52	---	70.00	70.00	---	67.44	66.26	1.18	23.77	23.49	.29
Mont.....	68.13	67.95	.17	---	79.87	77.53	2.34	75.77	75.77	---	33.80	33.75	.04
Nebr.....	81.80	46.79	35.01	---	98.74	61.93	36.80	82.09	51.23	30.86	29.84	28.46	1.38
Nev.....	88.12	67.36	20.76	---	118.64	97.24	21.39	(5/)	(5/)	(5/)	31.65	29.66	1.99
N. H.....	100.79	78.91	21.88	54.77	107.39	86.14	21.25	112.68	77.51	35.17	42.93	35.64	7.29
N. J.....	79.86	60.90	18.97	178.54	82.45	72.45	10.00	93.99	66.94	27.05	47.12	44.90	2.21
N. Mex. 2/.....	79.14	58.93	20.21	---	93.10	72.16	20.94	90.33	69.40	20.92	33.81	29.80	4.00
N. Y.....	91.12	70.91	20.22	341.41	111.42	81.24	30.18	124.73	69.90	54.83	44.18	39.09	5.10
N. C.....	57.46	49.58	7.89	---	64.46	58.87	5.60	68.00	56.40	11.60	23.52	21.75	1.77
N. Dak.....	83.77	60.81	22.96	194.29	84.05	65.38	18.67	105.18	60.60	44.58	41.15	35.56	5.58
Ohio.....	84.76	66.18	18.57	---	87.42	70.11	17.31	80.85	65.82	15.03	30.86	27.86	3.00
Okla. 2/.....	94.33	76.48	17.85	164.03	119.28	101.34	17.95	108.43	90.72	17.71	34.81	32.32	2.49
Oreg.....	69.42	58.88	10.55	144.03	87.08	79.08	8.01	65.88	44.61	21.28	38.00	35.03	2.97
Pa.....	76.58	62.40	14.17	249.01	75.40	71.05	4.35	65.90	52.38	13.52	28.51	27.10	1.42
P. R.....	9.54	8.45	1.09	33.86	8.34	8.34	---	8.60	8.60	---	3.59	3.59	---
R. I.....	84.18	68.68	15.50	---	82.63	67.63	15.00	91.01	73.41	17.60	39.80	33.90	5.90
S. C.....	49.86	40.63	9.23	195.65	61.36	54.35	7.01	52.35	45.21	7.13	15.96	15.24	.72
S. Dak.....	81.96	68.46	13.50	---	65.94	65.94	---	67.87	67.87	---	34.39	34.39	---
Tenn.....	49.85	42.60	7.24	105.74	51.50	50.10	1.40	50.05	48.25	1.80	18.50	18.02	.49
Tex.....	70.27	58.51	11.76	---	69.24	69.24	---	57.45	57.45	---	18.05	18.05	---
Utah.....	67.17	56.94	10.22	124.20	74.46	58.40	16.07	70.26	40.48	29.78	33.04	28.89	4.15
Vt.....	83.65	49.29	34.36	393.86	65.41	60.17	5.25	70.03	60.18	9.84	30.67	30.67	---
V. I.....	36.99	30.99	6.00	24.37	(3/)	(3/)	---	32.70	32.70	---	15.05	15.04	.01
Va.....	61.47	44.37	17.10	---	65.17	55.94	9.23	65.31	54.44	10.87	24.07	22.89	1.18
Wash.....	77.72	62.33	15.39	129.54	90.05	68.93	21.11	57.29	32.36	24.93	33.91	29.33	4.59
W. Va.....	46.92	38.05	8.87	34.29	47.83	41.89	5.94	49.07	40.24	8.84	26.68	23.07	3.61
Wis.....	101.75	33.08	68.67	---	97.52	49.91	47.61	112.37	39.95	72.41	47.95	40.87	7.08
Wyo.....	83.22	68.95	14.27	(3/)	78.94	70.87	8.07	85.63	69.59	16.04	38.11	35.29	2.82

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Except for aid to families with dependent children, data for each program represent average payments for recipients of the specified type of assistance under the combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 3/ Average payment not computed on base of fewer than 50 recipients. 4/ Data for August; data for September and October not available. 5/ No program for aid to the permanently and totally disabled.

Current Month Data

Type of Benefit	Benefits awarded in October 1963		Benefits in current-payment status, end of October 1963			Amount of benefits paid 1/ in October (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	323,101	---	---	---	---	$1,301,536
Total, OASI	282,107	---	---	---	---	1,196,900
Monthly benefits, OASI and DI	234,002	---	18,957,200	$1,252,764	---	1,283,623
Monthly benefits, OASI	193,008	---	17,523,202	1,160,786	---	1,178,987
Monthly benefits, DI	40,994	---	1,433,998	91,978	---	104,636
Old-age (retired-worker)	94,386	$79.55	10,221,778	785,257	$76.82	790,197
Disability (disabled-worker)	20,167	94.41	815,172	73,790	90.52	83,318
Wife's or husband's (OASI and DI)	35,213	38.29	2,748,094	108,358	39.43	110,766
Wife's or husband's (OASI)	29,215	39.14	2,581,827	103,010	39.90	104,443
Wife's or husband's (DI)	5,998	34.15	166,267	5,348	32.17	6,323
Widow's or widower's	23,905	71.66	1,989,363	132,698	66.70	137,328
Parent's	341	79.62	36,986	2,551	68.97	2,794
Child's (OASI and DI)	50,340	---	2,683,224	122,636	---	130,124
Child's (OASI--total)	35,511	---	2,230,665	109,797	---	115,129
Child's (OASI--life) 2/	9,605	29.18	421,113	11,697	27.78	12,273
Child's (OASI--survivor) 2/	25,906	53.18	1,809,552	98,100	54.21	102,856
Child's (DI)	14,829	28.16	452,559	12,840	28.37	14,995
Mother's	9,650	61.78	462,583	27,474	59.39	29,096
Lump-sum death payments	89,099	3/214.35	---	---	---	17,914

Comparative Data

Item	October 1963	September 1963	October 1962
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	18,957,200	18,872,973	17,919,546
Total, OASI	17,523,202	17,458,242	16,685,961
Total, DI	1,433,998	1,414,731	1,233,585
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,301,536	$1,297,930	$1,247,253
Total, OASI	1,196,900	1,196,804	1,149,066
Total, DI	104,636	101,127	98,187
Number of old-age (retired-worker) benefits:			
Awarded	94,386	93,200	116,726
In current-payment status, end of month	10,221,778	10,185,523	9,677,164
Average old-age (retired-worker) benefit:			
Awarded	$79.55	$79.47	$77.18
In current-payment status, end of month	76.82	76.81	76.18
Number of disability insurance (disabled-worker) benefits:			
Awarded	20,167	17,052	23,016
In current-payment status, end of month	815,172	806,597	720,245
Average disability insurance (disabled-worker) benefit:			
Awarded	$94.41	$94.91	$92.95
In current-payment status, end of month	90.52	90.47	89.88
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,842,000	14,788,000	14,085,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	13,065,000	13,014,000	12,435,000
Assets of trust funds, end of month (in millions):			
OASI	$18,187	$18,960	$18,619
DI	2,295	2,364	2,441

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.

2/ Distribution by type of claim for OASI child's benefits estimated.

3/ Average lump sum per worker; there were 83,573 deceased workers represented in the current month's lump-sum awards.

4/ Numbers estimated to the nearest thousand.

SOURCE: Division of the Actuary, Social Security Administration.

DEPARTMENT OF
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